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BIENNIAL REPORT

of the

NORTH CAROLINA STATE COMMISSION FOR THE BLIND

From July 1, 1942, through June 30, 1944

LUX ORITUR:

*"And I will bring the blind by a way that they knew not;
I will lead them in paths that they have not known;
I will make darkness light before them."*

—Isaiah xlii, 16.

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MEMBERS OF THE NORTH CAROLINA STATE COMMISSION FOR THE BLIND

(Six Lay Members—Appointed by the Governor)

JUDGE SAM M. CATHEY, *Chairman*, Asheville, N. C.
DR. HOWARD E. JENSEN, *Chairman, Executive Committee*, Durham, N. C.
MR. ERNEST R. ALEXANDER, KANNAPOLIS, N. C.
MR. V. J. ASHBAUGH, Durham, N. C.
MR. H. I. McDUGLE, Charlotte, N. C.
MR. THOMAS S. PAYNE, Washington, N. C.

(Five Ex-Officio Members—Designated by the Legislature)

DR. J. S. DORTON, *State Man Power Director*, Raleigh, N. C.
MR. G. E. LINEBERRY, *Supt. School for the Blind*, Raleigh, N. C.
DR. CARL V. REYNOLDS, *Secretary, State Board of Health*, Raleigh, N. C.
MR. H. E. SPRINGER, *Supervisor, Vocational Rehabilitation*, Raleigh, N. C.
DR. ELLEN BLACK WINSTON, *State Commissioner of Public Welfare*,
Raleigh, N. C.

“We hold it to be self-evident that all men are created equal; that they are endowed by their Creator with certain inalienable rights; that among these are life, liberty, the enjoyment of the fruits of their own labor, and the pursuit of happiness.”

Article I, Section 1. Constitution of the State of North Carolina

ADVISORY MEDICAL COMMITTEE

(Surgeons certified by American Board of Ophthalmology)

DR. FRANK C. SMITH, *Chairman*, Charlotte, N. C.
DR. V. M. HICKS, *Supervising Ophthalmologist Aid to Needy Blind*,
Raleigh, N. C.
DR. WM. B. ANDERSON, Durham, N. C.
DR. H. H. BRIGGS, JR., Asheville, N. C.
DR. JAMES G. JOHNSTON, Charlotte, N. C.
DR. H. C. NEBLETT, Charlotte, N. C.
DR. HENRY L. SLOAN, Charlotte, N. C.
DR. WM. P. SPEAS, Winston-Salem, N. C.
DR. S. WEIZENBLATT, Asheville, N. C.

November 30, 1944.

*His Excellency, ROBERT GREGG CHERRY,
Governor of North Carolina,
Raleigh, N. C.*

Dear Governor:

As Chairman of the North Carolina State Commission for the Blind, it is my very pleasant duty to transmit herewith the report of the work done by the North Carolina State Commission for the Blind during the past two years.

The members of the Commission believe that the effectiveness of their work for the blind and visually handicapped lies in the flexibility with which they are able to meet the individual needs of the blinded person, their persistency in seeking to give full returns for tax dollars invested, and their strong emphasis on rehabilitation and prevention. The Commission has checked carefully and supervised all receipts and expenditures. We wish to assure you that we have been as economical as possible and are confident that you will be greatly pleased with the excellent results obtained with the funds available.

The Commission feels that the State is fortunate in having as the Director of this work Dr. Roma Sawyer Cheek whose outstanding achievements have been recently recognized by Hon. Paul V. McNutt in appointing her to the National Advisory Council on rehabilitation of the handicapped. The Commission is also very fortunate in the other very efficient members of its staff—most of whom have had specialized training and experience in the field of work for the blind.

The Commission has been greatly aided by Lions Clubs, Women's Clubs, other civic groups, State and County Agencies and interested individual citizens. When you have read the report of this work, I feel confident that you will be convinced that invaluable services are being rendered to the blind and visually handicapped of our State.

The members of the Commission wish to take this opportunity to express to you their most sincere appreciation for the personal interest that you have at all times manifested in our work as a member of the General Assembly and as a citizen. We are looking forward to the pleasure of continuing our work under your direction as Governor of our great State.

I have the honor to remain,

Fathfully yours,
SAM M. CATHEY, *Chairman*,
N. C. State Commission for the Blind.

INTRODUCTION

The purpose of this report is to outline briefly the scope of existing services to the Blind and the needy visually handicapped, and to briefly summarize the accomplishments of the Commission during the biennial period, July 1, 1942-June 30, 1944.

The past nine years have seen the actual establishment and operation of all measures for which authority was given in the 1935 Act, creating the Commission and also of the broadened program of assistance to the Blind as established under the North Carolina Social Security Aid to the Blind Act of 1937. All these measures have proven compatible with North Carolina practices and ideals in making Democracy equally effective for its severely handicapped citizens.

In work for the Blind, as in all other aspects of our State's life, war was the dominant force in this past biennial period, and the blind have been eagerly making the contributions which it has been their privilege to make by taking and holding war jobs in private industry; working to full capacity in the five sheltered work shops in the State operated jointly by Lions Clubs and the Commission manufacturing various goods for armed forces; and in relieving persons who see to take positions requiring sight by taking various jobs in the commercial field.

During the last year of this biennium, the work for the Blind has been considerably expanded, partly as a result of the Barden Rehabilitation Act which was passed by Congress in July of 1943, giving for the first time national recognition to the needs of the blind who constitute a cross-section of every state.

The adjustments of blinded soldiers and war workers of this war will be the special responsibility of Government. The State of North Carolina will be able to assist these citizens in solving the problems created by blindness in the same proportion as it has opened up its economic opportunities to the blind, and convinced its citizenship of the justice of giving the blind at least an equal opportunity with its other citizens.

The succeeding pages of this report show how many urgent needs are being met and how the program is establishing a foundation for more effective service in the future. The members of the Commission cannot express too strongly their desire to see further development of this important work, particu-

larly the provision of means to expand the prevention and rehabilitation programs, and to enable those needy blind people who have some physical handicap in addition to blindness, and who have no relatives able to care for them, to receive a more adequate relief grant.

Relief, rehabilitation and prevention of blindness are the three essential corner-stones of the program for the blind and visually handicapped. Through the development of these, the State is striving with its abundance of physical and human resources to transform lives of idleness and despondency into lives that are productive and happy and to give an equal opportunity to its visually handicapped citizens.

The eagerness with which the blind have accepted the new types of employment available to them because of the manpower shortage accompanying wartime conditions and the maximum effort which they are putting forth to excel in their jobs is but another indication of their intense desire to support themselves and their families. During the past biennium, 240 blind have been placed in employment at an average weekly wage of \$24.91 with annual earnings of \$310,876.80. It would cost \$86,400.00 annually in county, state and Federal funds to maintain these people in idleness on relief grants. The Barden Rehabilitation Act passed last year by Congress will open up many new opportunities for the Rehabilitation and Employment of the blind if North Carolina provides the necessary funds to match funds for those phases of the program which require state matching after July 1, 1945. Increasing numbers of blind people may be made self-supporting through these expanded occupational rehabilitation services in a process of making taxpayers instead of tax recipients out of every potentially employable blind person.

The problems of blindness and seriously defective vision in North Carolina are more wide-spread among the general population than have been anticipated by any one and the injuries of the present great war will greatly increase these problems. The Commission now has in its active register information on 7,412 blind persons. On a basis of other surveys, there are approximately 1,477,000 persons with defective vision in North Carolina and approximately 292,000 of these are unable to provide the necessary eye care and continuing eye care which is essential in many cases. Since the Commission began its con-

servation of vision program in 1936, 38,712 needy persons have been given medical eye care—3,108 of whom have been removed from the classification of blindness. It would cost \$1,118,880 annually in county, state, and federal funds to maintain these people in idleness on relief grants. Additional funds are greatly needed to expand these services. Unless additional funds are made available many persons now needing operations and medical eye care cannot be reached until it is too late to restore, conserve, or improve their vision.

There are now 2,252 needy blind persons receiving direct relief grants under the Social Security Laws averaging the inadequate amount of \$16.17 per month—only 55c per day, as contrasted with an average monthly grant of \$27.18 given the needy blind in other states, or 91c per day. At the present time, there are 644 additional needy blind persons whom actual investigations have proven to be clearly eligible under the law to receive this relief but there are not State funds available to pay the State's one-fourth part of the grant. The only blind persons given relief grants on a continuing basis are those who have some other major handicaps in addition to blindness, and who cannot be considered employable.

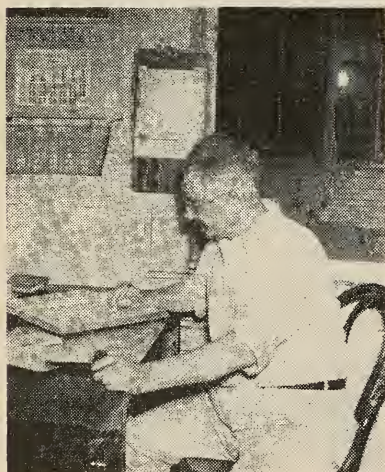
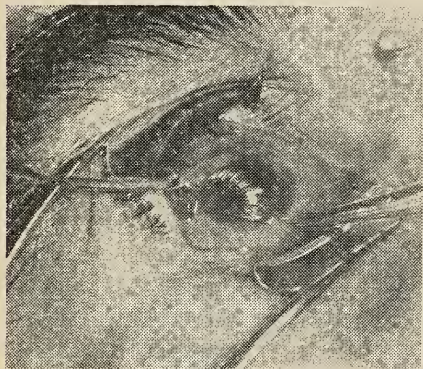
In planning to meet the above-challenging needs, the Commission is working toward a unified program of service to the blind and needy visually handicapped which will sustain and develop individual initiative on the part of the blind and their families while lessening in every way possible the occurrence and extent of blindness. The Commission believes that experience is now ample to strongly justify the following recommendations: First, the extension of the rehabilitation training and employment program under the Barden Rehabilitation Act to all the blind who may be employable, including those blind having some correctable physical handicap in addition to blindness; second, the correction of inequalities and inadequacies for more of the thousands of needy school children in North Carolina who cannot see the printed page of their textbooks and their blackboard work by expanding further the program of medical eye care and by beginning sight-saving classes in the public schools for those who are not sufficiently blind to attend the State School for the Blind; third, the extension, through the coöperation of Lions Clubs and County Associations, of the special case work services in adjustment to blindness to the

blind who are not eligible to receive economic assistance; and fourth, the giving of more adequate relief to the unemployable blind now eligible for Direct Aid to the Needy Blind.

The succeeding pages of this report show how many urgent present needs are being met and how the program is establishing a foundation for more effective service in the future. The members of the Commission cannot stress too strongly their desire to see further development of this important work, particularly the provision of means to take care of the most urgent needs mentioned in the preceding paragraphs.

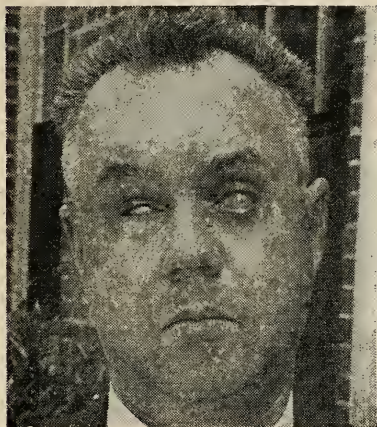
PREVENTION OF BLINDNESS

SCENES BELOW ARE IN DISTRICT OPERATIVE CLINICS AND SHOW TWO OF THE MANY PATIENTS EMPLOYED AFTER VISION IS RESTORED.



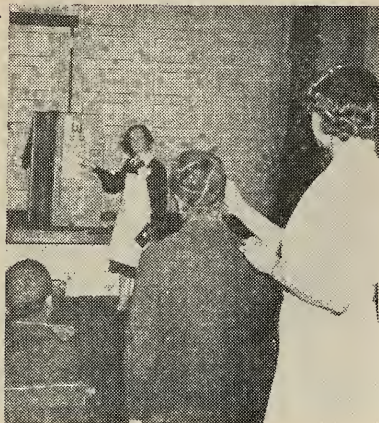
PREVENTION OF BLINDNESS

PHOTOGRAPHS BELOW SHOW "BEFORE" AND "AFTER" SOME OF THE 673
EYE OPERATIONS PERFORMED IN THE LAST BIENNIUM.



PREVENTION OF BLINDNESS

PHOTOGRAPHS BELOW SHOW SCENES IN SOME OF THE MANY SCHOOL CLINICS HELD DURING THE BIENNIUM.



PREVENTION OF BLINDNESS

"There is no lovelier way to thank God for your sight than by giving a helping hand to someone in the dark."—HELEN KELLER.

Blindness is no respecter of persons—it comes alike to the young and to the old, to the rich and the poor. Modern inventions have greatly lightened the burdens of physical labor but these same inventions with our highly speeded-up mechanisms of living have increased eye strains, eye hazards and eye accidents, making work for the prevention of blindness a public necessity.

During the past biennium, 14,300 indigent persons have been examined by ophthalmologists. Appendix I in the back of this report gives much interesting data on this group, according to counties and geographical regions in the State, giving the present age, sex, color, diseases primarily responsible for eye conditions and the recommendations of the examining ophthalmologists.

Because sight is so essential for the performance of the everyday activities of life and because impaired vision so greatly affects the individual, prevention must be considered in its broader sense—prevention of actual blindness and prevention of impairment of vision that leads to decreasing efficiency and to the disintegration of those factors essential for normal development and accomplishments on the part of the individual.

Since approximately 65 per cent of blindness is preventable, the first right of a blind person is not to be blind. The eye is an integral part of the body, being reacted upon by general health or weaknesses and, in turn reacting upon the body. The Commission has coöperated with ophthalmologists and with civic and service groups and public and private agencies interested in promoting and maintaining eye health. In so far as funds have been available, indigent persons needing eye care have been assisted in securing the necessary examinations, treatments, operations and hospitalization.

During the biennium, the following services have been rendered to the persons examined: Operations: 733; other treatment: 8,792. With this assistance, 1,001 persons were removed from the classification of blindness. It would cost annually \$360,360 in County, State and Federal funds to provide direct relief grants to maintain these people in blindness who are now

able to return to normal life and perform the ordinary types of work. Appendix II in the back of this report gives interesting informational data, including the county, age and diagnosis, with the vision before medical care was given and the vision after medical care was given. A study of these data will show that in a number of cases the person's vision was restored to normal.

In many cases, it is necessary to perform more than one operation, as, for example: in cataract cases, it is often necessary to perform several needlings and in extractions to remove secondary membranes before the vision can be restored. Also, in many cases, where sight cannot be restored, an operation is necessary to prevent constant pain, and dissemination of poison throughout the patient's system. In other cases, operation is necessary to prevent further loss of vision.

The preceding photographs show some white and colored patients for whom operations have been arranged at district clinics held by the Commission. For all operations, the operating ophthalmologists give their services free. The Commission, however, takes care of the costs involved in the operation, paying \$10.00 per patient and takes care of the hospitalization, which averages thirteen days per patient at the rate of \$3.00 per day. The limited funds of the Commission and the limited staff (there are only four medical social workers for the one hundred counties) prevent the expansion of its preventive work to serve a larger portion of those who need eye care.

More than 600 cases needing operations are now pending, many of whom are children with cross-eyes who, if they do not have an operation before the eye is fully mature, will be totally blind in one eye. The cosmetic value to these children is also great and is an important factor in their personality adjustment. A number of children have received such operations during the past biennium. The preceding photographs illustrate the improvement in the appearance of the eyes.

Many children are also found who through some childhood accident have irreparably damaged an eye and although vision is destroyed, this eye may remain as a source of infection. The unattractive appearance of the eye causes the individual to have problems in personality adjustment and he or she is sometimes rejected for employment because of this physical disfigurement.

Statements from some of those who have had their vision improved or restored by the Commission through the splendid

coöperation of ophthalmologists indicate the human values of this service which the State is making available to some of its needy citizens:

"I can now see good and can do my work. I am getting along fine and my life is so much happier I just can't tell how thankful I am."

* * * * *

"My operation helped me so much. I can read and am now working every day for a drug company."

* * * * *

From a County Welfare Superintendent: "Mrs. M..... came in today to ask that we write and thank you for what you have done for Mr. M..... She said that he wasn't able to read the headlines before and now he can read the minutest detailed figure that is in any paper or book that they receive, and that he can read print that neither she nor his son can read. He has a good job, and the entire family life has changed for the better, from that of worry and almost despair they have been transported to highly satisfactory living and much happiness."

* * * * *

"Since my operation I can go anywhere by myself I want to and can see anything far or close and do any kind of work, read any kind of print or writing. I have canned 140 quarts of vegetables, beans, tomato soup, tomato juice, and I have been handing tobacco but I am grading and tying it now. I could not do any kind of work like this before my operation. It sure has been a blessing to me. I sure would not have been able to work if it hadn't been for the Commission for the Blind and I want to thank the State for what it has done for me."

* * * * *

"I am doing fine now, thanks to God and you and that great doctor. My eye is just fine now. I have done a big washing and just got through ironing them."

* * * * *

"I received the glasses you sent me and I am so very thankful to you for your help. I am sorry that circumstance unavoidable compels me to take this means to obtain glasses but I have been crippled with arthritis in my feet and knees for the past four years. Being unable to work for this length of time, my wife and I have had the going rather hard. But I thank God for being a citizen of a country where we have good government and good organizations that will help us when we are unable to help ourselves. Without the glasses you sent me I would have been unable to complete my course here in the school of watch making. But now I feel that I can finish the course and then be able to earn a comfortable living for my family."

"I have been able to see enough to work and stay off the Welfare so far and like I was before the operation I could not see how to work any."

* * * * *

"I am doing fine since I had the operation on my eyes. The operation has helped me a lot. I am plowing now. I can read and I am going to Sunday school again and reading as fine print as ever. You don't know how much I appreciate the operation."

* * * * *

"My operation has helped a lot as it is I can get about very good and can do my farm work."

* * * * *

"Before my operation my work was farm work and I could not work little growing plants but since I can go ahead with all my farm work good."

* * * * *

"I was entirely blind in both eyes last fall and I am so thankful to say I sure had real good doctors and I can't say too much for them as they have done wonders for me and I appreciate it. I am getting along just fine. I can go by myself and do my house work."

* * * * *

"I can see well with my eye that was operated on and can now do many different things."

* * * * *

"My operation was wonderful and I was so happy to receive my sight once more."

* * * * *

"The operation on my eye was a great help to me. I can do all my work, sewing and reading. At this time, I have just been patching. I have been working in tobacco all summer. I can go anywhere and see almost as well as I ever could. No one knows how proud I am to be able to see. It was about 4 years that I couldn't see."

Although an increasingly large number of needy school children are being serviced in the Commission eye clinic, lack of funds and staff have prevented an adequate handling of the problem. A survey of defective vision among school children which was made in coöperation with the State and County Departments of Education showed considerably over 100,000 children to have visual difficulties, and of this group, the teachers expressed themselves as feeling that at least half of the children came from families unable to provide the necessary eye care. Sixty-two thousand of the children found with defective vision

were grade repeaters. Many of them had vision so defective that they could not read the printed page of their textbooks and their blackboard work.

Our whole system of teaching and learning is based on sight and visual memory. The child who cannot see the printed page of the textbook or his blackboard work without undue strain is struggling under a most difficult handicap. The fear of being at the foot of his class or of being found inferior to his other classmates and the continued efforts of his teacher to get him to do his work well, drive him on until overstrain seriously affects his nervous system and he escapes through the channels of ill health or is finally forced to realize that he cannot compete with other students and not wanting to admit failure, he becomes a behavior problem in the classroom. We are beginning to realize today that the personality quotient of the child is just as important as his intelligence quotient and even for the passing of an intelligence test, vision is essential. To take advantage of the opportunities of our fine public school system, the child must be able to see the print on the pages of his textbooks without undue strain.

On a basis of National surveys, 1,716 of the 11,644 children in North Carolina who cannot now read the printed pages of their texts cannot have their vision improved or restored and should be in sight-saving classes—that is, a special class for those children having between 20/70 and 20/200 vision. This group of children cannot see well enough to read ordinary print; yet, they do not have sufficiently little vision to be classed as blind. There are only six cities in North Carolina large enough to justify the establishment of such a class in their city school systems, and no plans have yet been worked out for serving the large number of rural and semi-urban school children who need to be placed in a special class.

In coöperation with the school officials and the Kiwanis Club of Greensboro, a sight-saving class has been established in the Public Schools to serve the children in the city of Greensboro who cannot see well enough to read ordinary print but who do not have sufficiently little vision to be classed as blind. There is need for other such classes.

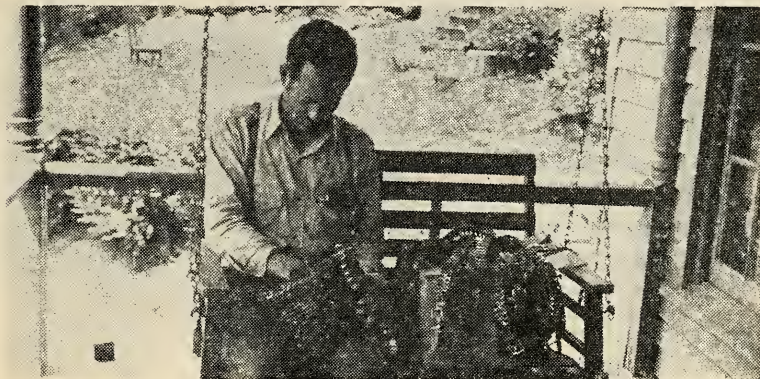
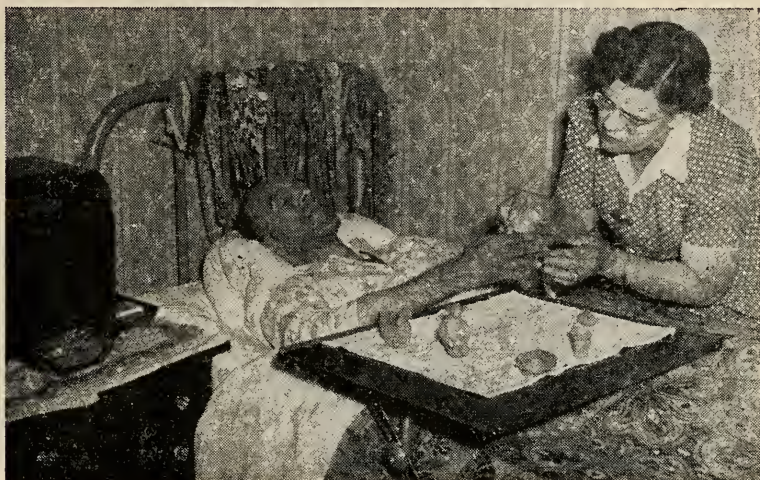
SPECIAL CASE WORK SERVICES

SCENES BELOW ILLUSTRATE THE CASE WORKER'S ACCOMPLISHMENTS IN HELPING THE BLIND TO DEVELOP THEIR OTHER SENSES AND RETURN TO NORMAL LIVING; AS, RELATING HOUSEWORK, CARE OF FAMILY, AND GARDENING. THE LAST TWO PICTURES SHOW RECREATIONAL ACTIVITIES PLANNED BY THE CASE WORKER WITH LIONS CLUBS.



SPECIAL CASE WORK SERVICES

THE SCENES BELOW ARE ILLUSTRATIVE OF THE CASE WORKER'S ACCOMPLISHMENTS IN ASSISTING THE BLIND IN THEIR ADJUSTMENT TO BLINDNESS THROUGH OCCUPATIONAL THERAPY CRAFTS—EVEN THE INVALID BLIND ARE NOT EXCLUDED.



SPECIAL CASE WORK SERVICES

"Laws and institutions must go hand in hand with the progress of the human mind. As that becomes more developed, more enlightened as new discoveries are made, new truths discovered and manners and opinions changed, with the change of circumstances, institutions must advance also to keep pace with the times. We might as well require a man to wear still the coat which fitted him when a boy, as civilized society to remain ever under the regime of their barbarous ancestors."—THOMAS JEFFERSON.

In primitive, ancient, and medieval societies, those blind who were premitted to live were condemned to idleness and begging; in the modern state, through its special adjustment services and opportunities, the blind are given equal rights with other citizens. Because of this, they have again the will to live, to achieve, and to make their contribution to society.

Because the world in which we live and all of its institutions, agencies, and instruments of living are designed for those who see, it is necessary that a blind person have specialized guidance and assistance to help him in making the manifold adjustments required for a life without sight. Blind persons who have made this adjustment, and who understand not only the problems of those who see but the additional problems which blindness brings, and who are trained social workers, are better able to understand and to assist the blind in working out their problems and are more readily accepted by them than a case worker who sees.

Even though a person has had the best educational advantages, blindness brings with its many other deprivations, illiteracy, for the individual must learn again to read and to write as well as to re-learn how to perform the ordinary activities of everyday life. More than 65 per cent of blindness in North Carolina occurs after the individual reaches the age of 21. The Commission and the County Welfare departments are providing special case-work services in adjustment to blindness to approximately one-third of the blind population. However in 7 of the counties, through the coöperation of Lions Clubs and county associations for the blind, these specialized services in adjustment to blindness have been made available to all blind persons in the county who need them. This is a most essential service because blindness presents to every individual many of the same over-

whelming problems regardless of economic circumstances, and a blind person cannot be rehabilitated and placed in employment until he has first made the necessary personal adjustments to blindness. Many blind people in other counties need these adjustment services but there are no funds available to employ a sufficient number of trained case workers to further extend the service. Plans are being worked out, however, with Lions Clubs and County Associations for the Blind to expand the services to include other counties.

The special case workers now employed work in the county welfare departments on a district basis, ranging from one to nine counties. These workers understand thoroughly the problems of blindness, because they are themselves blind and have completely adjusted to the many complicated problems which face the individual upon loss of sight. They also have technical training, having completed graduate courses in an accredited school of Social Work.

The Special Case Worker is able to help the blind to utilize to a maximum degree their other senses, to rely more effectively upon their powers of memorization, and to develop satisfactory ways of performing without sight the ordinary activities of everyday life. From her own experiences the case worker has learned that idle hands and an unoccupied mind make depressed, despondent, and lonely individuals. By showing the blind person that he can do many useful things, even though he cannot see, the case worker inspires him with renewed confidence. To be able to make something with his own hands brings him again a sense of personal accomplishment. To get about by himself gives him again a feeling of independence. To enjoy good books reopens to him a world which had seemed forever closed. To participate in normal family and community life and to accept his responsibilities in the home and satisfactorily discharge them brings back self-confidence and self-respect.

In addition to establishing the blind person's eligibility to receive relief, these Special Case Workers assist the blind in learning Braille, Moon type, typewriting, script writing, and various types of occupational therapy crafts. The blind woman learns how to cook, sew, and keep house, and to do many other useful things. The Case Worker instructs the family in ways of helping the blind person, and if he can be made employable, she finds out what his abilities are and helps him to develop them. Many blind people cannot become efficient enough in industrial

ASSISTANCE IN HOME ADJUSTMENT WORK WITH THE BLIND IN COOPERATION WITH LOCAL SPONSORING CLUBS

<i>Type of Assistance Given</i>	<i>Visits to the homes of blind persons</i>
1. ESTABLISHING ELIGIBILITY OR CONTINUED ELIGIBILITY FOR AID TO THE BLIND GRANTS.....	7,931
2. ACADEMIC WORK — Reading and Writing Braille and type-writing	467
3. TO ASSIST IN FAMILY ADJUSTMENT — Instructing the family in ways of helping the blind person to adjust to blindness. Assisting the blind person in re-assuming his normal responsibilities in the home through instruction in child care, performance of household duties, etc.....	1,347
4. TO ASSIST IN PHYSICAL ADJUSTMENT TO BLINDNESS— Assistance in learning to utilize to a maximum degree the other senses and to develop effective ways of performing without sight the ordinary activities of living.....	1,020
5. TO ASSIST WITH THERAPYCRAFT, HOBBYCRAFT, AND RECREATION — Sewing, weaving, chair caning, mat making, leather work, basketry, crocheting, knitting, etc. Gardening, raising pets, and farm animals, etc. Individual recreation, participation in commercial and community recreation	2,578
6. TO ASSIST IN SECURING MEDICAL CARE — Making arrangements with physicians, clinics, and hospitals to give needed medical care to blind persons and assisting blind persons in getting to and from physicians' offices and hospitals	1,785
7. TO RENDER MISCELLANEOUS SERVICES — Personal and family budgeting and analysis of resources, to give information regarding economic rehabilitation and other services available to the blind.....	713
TOTAL.....	15,841

work to earn a living, but they can earn enough to give them some additional money for the things that they need, and to give them a place in the family different from that of complete dependence. The blind person becomes able once again to share in the responsibilities of the home and to become a contributing citizen in the community in which he lives.

The teaching which is done by the case worker is not just training the fingers to read raised type and providing a pleasant pastime through industrial work, even though this would be most valuable—for the idleness of the blind is even worse than their blindness. The real purpose of this adjustment is to plant courage in a human soul groping in darkness and to revive within him the will to live and to show him how he can adjust himself to his strange new conditions of living, and help him to regain his normal place in the family circle by teaching him or her to do without sight many of the things formerly done and to assume again his or her obligations and responsibilities in the home, the neighborhood and the community.

The following short case summaries are illustrative of some of the special case work services rendered by the blind case workers to the blind with whom they work:

The Case Worker called at the home of Miss T....., a young blind woman of twenty-eight. The Case Worker learned that this young blind woman had been blind for a number of years; and, since the death of her parents, she had been living about with whatever relative would keep her. The Case Worker found her to be eager for training and employment but she complained of not feeling well. Members of the family in which she was living spoke of her frequent lack of response to their efforts to talk with her and thought that her mind might be affected.

The Case Worker found Miss T eager to learn Braille and Crafts and gave her some simple instructions in both. Plans were also made for an eye examination and a physical examination. The eye examination showed her to be incurably blind. The physical examination, made a month later, indicated that Miss T had a serious hearing defect and an internal tumor which was seriously affecting her health. Miss T was then seen by an ear and a stomach specialist, and it was found that a hearing aid would restore her hearing and that an immediate operation would restore her health. Under the new Barden-Rehabilitation Act, the Case Worker referred Miss T for physical restoration and rehabilitation. Both physical handicaps were corrected and Miss T has been placed in rehabilitation training, at the conclusion of which she will be placed in employment and will be self supporting for the first time since losing her vision.

When the Case Worker visited the home of Mr. R....., who had been recently blinded by Glaucoma, she found a very despondent and helpless man of 40. Even though the family had requested the Case Worker's visit, he seemed to resent any outsider being interested in his problems. However, when the Case Worker explained that she herself was blind and had learned to overcome many of the problems that were then facing him, he expressed interest in knowing how she had solved the problem of getting about and how she had gotten to his home if she were blind. The Case Worker then told him about her guide dog and had him feel the harness and listen to her giving commands to the dog. The man refused to discuss any other matters but invited the Case Worker to stop in the next time she was in his neighborhood.

On the next visit, the Case Worker brought a Braille book and a "talking book." Mr. R. was immediately interested in both of these and had his first lesson in Braille. It was on this visit that he told the Case Worker that he felt that he was a useless burden on his family and that he wished for the courage to take his own life. He did not believe that the handicaps of blindness could ever be overcome. The Case Worker told him about some of the blind people in his own county and what they were doing. He then said with determination, "If you and other people can do these things, I can."

From this point on the Case Worker found him learning quickly to substitute his other senses for the sense of sight, giving himself mental tests in memory and association, dressing himself, eating normally with his family, and even taking an interest in the garden and in visiting some of his neighbors. He also learned Braille quickly, returning his correspondence lessons before they were due.

On a later visit the Case Worker brought with her the vocational rehabilitation agent who found that after a short period of training, during which he would learn to work as a blind person, the man could be placed into a type of work similar to that which he had been doing before losing his vision. Plans were completed for him to enter training, upon the completion of which he would have full-time employment at a wage equal to the one he received before losing his vision. His wife confided to the Case Worker that she could now for a moment or two forget that he was blind, for he was beginning to be his old self again and that his new-found happiness was multiplied in the happiness of his family who had been afraid that he might take his life in those desperate days following blindness.

* * * * *

When the blind Case Worker first visited Mrs. W....., she appeared to be just another helpless blind woman. She was sixty-two years old and her husband was several years older. Mr. W's health was very bad, and the old couple lived alone on a little farm high up in the mountains.

In the first interview the Case Worker learned that Mrs. W. did nothing but sit all day long. She said that she sometimes made the bread for the family, but could not put the biscuits in the pan. The Case Worker showed her how easily this could be done and assisted

her in putting the pan of bread in and out of the stove without burning herself until she had learned to do it alone. The Case Worker encouraged her to try several other household tasks; and to Mrs. W's surprise, she found that she could do them almost as well without sight as with it. She seemed pleased and delighted and declared that she was going to start doing more of her work instead of letting her husband do it. Mr. W protested at first because he was sure that his wife would burn or otherwise injure herself, but he agreed to try it as an experiment. Mrs. W said that she used to read a great deal before losing her sight and would like to learn Braille. The Case Worker gave her a Braille alphabet and explained it to her, asking her to study it carefully.

Mrs. W had mastered the alphabet by the next visit, which was two months later. The Case Worker gave her a list of Braille punctuation marks and simple sentences to practice. Mrs. W mentioned the fact that there was a good deal of mending in the home that needed to be done, but that her needle was always coming unthreaded and that it was not always convenient to have someone near to thread it for her. The Case Worker gave her a package of self-threading needles and taught her how to use them.

Two months later the Case Worker called again and found that Mrs. W could read simple Braille very well indeed. She then gave her a list of Braille grade one-and-half signs to learn and left a Braille magazine with her. The Case Worker suggested that she trace the lines in the magazine with her finger to accustom herself to regular words and line spacing. Mrs. W had learned grade-one-and-a-half signs by the next visit, which was the following month; and the Case Worker left a sentence drill for her to study and a list of free Braille magazines and a "talking book."

Mrs. W is now doing all of her house work and is happier than she has been since losing her sight. She reads the Braille books of the Bible out loud to her husband and other literature, which he enjoys jointly with her; and they are both enjoying the "talking book."

* * * * *

Ed, a middle-aged Negro, was so filthy that the merchants of his community said they did not like to take his money from his hands. He lived alone and was considered a nuisance by the community. The Case Worker found him sleeping on the floor on a mattress he had made from pine straw and shucks stuffed into burlap sacks. He had one piece of sheet, one dirty quilt, and one ragged blanket. The only other piece of furniture in the room was a wooden bench which he had made. He could scarcely keep wood enough to warm the room in which most of the window panes were out, as he had only an open fireplace. When a merchant was consulted regarding the purchase of a heater, he felt Ed should be in the County Home. He was told that Ed was not willing to go, nor was there a vacancy. Some other plan must be worked out, but it was necessary for him to keep warm until another place could be found for him. Since the people in the other part of the house had moved, it was dangerous for him to re-

main there alone. He had a few relatives but did not wish to live with them, even if they had wanted him.

After he was convinced that the Case Worker's plans were intended for his benefit, rather than to "boss" him, he began to coöperate. He knew of a woman whom he thought would cook for him. While she was willing to cook his food, he was found incapable of buying or planning, and could not be persuaded to keep himself clean, since water had to be carried from another house. The woman and her husband agreed to take Ed into their home and board him for an unbelievably small amount. He was shown that his grant could only be increased to buy necessities and pay his board; and he agreed to a very reasonable arrangement. A bed and other necessities were secured for him from members of a Lions Club. For the first time in years his laundry is done, he has a bed to sleep in, and change of clothes, and three meals a day.

* * * * *

When the Special Case Worker visited Jane, she found her sitting in the kitchen where Martha, her twelve-year-old daughter, was cooking dinner. Since losing her sight a few months before, Jane had given up her housework altogether. She kept her children out of school to help do the work at home. Now and then the neighbors would come in to help with the house cleaning and cooking. Often they brought vegetables and meat, for they realized the family was finding it rather difficult to get along on Jane's small Aid to the Blind grant and the little money the children earned working on neighboring farms. Jane had given up her garden and chickens.

Before losing her sight, Jane had been an active person. With her sight had gone almost all of the confidence which she had had in herself. The Case Worker told her of other women who had lost their sight and with a little practice had been able to continue doing their housework. However, Jane was very doubtful and the Case Worker made arrangements for a woman who had adjusted herself to blindness unusually well to spend a few days with Jane. Together she and the Case Worker showed Jane how to go about performing her various household duties without sight. The children were encouraged to work coöperatively with their mother. This plan had a wonderful effect on Jane. Gradually she began to realize that there was still much work that she could do. In a few months Jane was almost as active as she had been before losing her sight. The children were no longer kept out of school to work. The neighbors who used to come in to help now came for friendly visits. To Jane life was again worth living. Once more she was able to care for her four children and to offer them advice when they came to her with their problems.

When the Case Worker made her last visit in September, she found Jane cooking dinner. The house was clean and well kept. The curtains in the bedroom were some that Jane had just finished. She showed the Case Worker a dress which she was making for her six-year-old daughter and asked the Case Worker to go with her to see her garden produce she had canned and her chickens. She explained proudly that her children were helping her with these.

Jake, a sixty-year-old Negro man, and his wife, Mary, lived alone in a little three-roomed hut about two miles from town. Jake had been totally blind two years. Since then he had spent most of his time sitting in a chair in one corner of his bedroom. When the Case Worker for the blind made her first visit to his home, both he and Mary were surprised to learn that there were some blind persons who could get around without a guide and that there were even some who worked and supported themselves.

Mary had been a kind and patient wife. She had cared for Jake as she would have cared for an invalid. The Case Worker explained to her that she could help her husband a great deal more by showing him how to do things for himself and that Jake would be much happier if he could help himself and was not forced to depend on her for everything.

The Case Worker gave Jake a white cane contributed by a Lions Club, and showed him how to use it in getting about the house and yard. He was taught to make a leather billfold for himself and the worker promised to teach him to put a new bottom in the chair in which he had been sitting. Mary had laughingly told her that he had spent so much time sitting in it that he had almost "sat the bottom out." The Case Worker explained to Jake that he might get some chair caning to do for his friends and thus make a little spending money for himself.

Jake was pleased at the thought of earning a little money since he and his wife could hardly get along on his AB grant of ten dollars and what she earned as a day laborer on the farm. Mary needed medical attention and was unable to work regularly. However, she did her cooking and housework, tended a garden, raised a few chickens and one or two hogs a year, and worked out as much as she could.

The Case Worker convinced Jake that there were many things that he could do to help Mary. She told him of blind persons she knew who had been successful in poultry and swine raising and in gardening. She told him that one of the best gardens that she had seen was tended by a man who was totally blind and deaf and gave him suggestions for raising a garden of his own.

When the Case worker returned a month later, Jake met her at the door and proudly told of how he had learned to get about the house and yard and had been bringing in wood and helping feed the chickens. He had torn the old bottom out of the chair in which he used to sit and was ready to start a new bottom. He said he found chair caning more difficult than leatherwork but felt sure he could do the work all right after he had had a little practice. Some of his friends had already asked him to do some chair caning for them.

In the spring the case worker assisted Jake with plans for a victory garden. Seeds were bought for him through a Lions Club in the neighboring town. A friend broke the ground and ran the rows for him, and Mary helped him plant the seed. From then on he did most of the work himself. At times he pulled up plants when he thought

he was pulling up grass and weeds. He found the garden much easier to tend when the plants were larger. However, he kept trying and when the Case Worker visited the home in May, she found that Jake had a very pretty garden and that he and Mary were planning to do much canning.

Many of Jake's friends came to see his garden and he began to visit with them more. Mary told the Case Worker that she had had no idea that work could do so much for Jake. "Why, it's made a new man out of him," she exclaimed. She added that no one would ever know how much she worried about Jake when he sat in the corner and paid little attention to what was happening around and that she was happy again because he now laughed and talked and made plans for them just as he did when he could see.

* * * * *

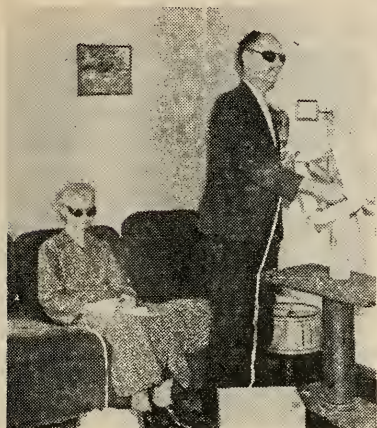
The informational data on the preceding table indicates the tabulatable types of assistance brought to the blind individuals under the care of the special case workers. The accompanying photographs show some phases of the Special Case Work program.

The Special Case Worker works with the pre-school blind children and instructs the mother so that she will be able to help the child to dress itself and live as nearly as possible like the other children in the family, developing the same independence through a more careful planning on the part of the mother. The importance of sound toys, of having objects with which the child comes in contact of the correct shape, of keeping furniture in the same place, of preparing the mother to be willing to separate herself from the child so that he may go to the School for the Blind when he becomes six years of age, are all important phases of the Special Case Worker's work with the pre-school child and its mother.

Recreation is more important to blind people than any other group because the nature of their handicap restricts activity and shuts the individual off from the outside world. The Special Case Worker endeavors to get the blind person to participate in the various types of individual and community recreation available to him. The Special Case Worker works with clubs in arranging holiday parties and other recreational outings for groups of the blind and in securing the especially adapted, commercial games such as checkers, anagrams, chess, puzzle peg, Braille playing cards, etc., which are available to the blind.

HOME INDUSTRY

MANY BLIND CANNOT LEAVE THEIR HOMES TO WORK BUT THEY CAN BE EMPLOYED IN HOME INDUSTRIES. SCENES BELOW SHOW SOME OF THE BLIND MANUFACTURING ARTICLES IN THEIR HOMES UNDER THE HOME INDUSTRY PROGRAM WHICH THE COMMISSION IS NOW DEVELOPING.



HOME INDUSTRY

*"Until a man has conquered loss and overcome defeat,
He cannot fully understand just why success is sweet."*

—O. LAURENCE HAWTHORNE.

To suffer the loss of sight, and to lose that keen sense of worth which comes from gainful activity brings fear and despondency. The satisfaction gained from doing things, even within definite limitations, overcomes that sense of defeat. Home Industry opens to the home bound blind a door of useful service and activity which they thought was forever closed to them.

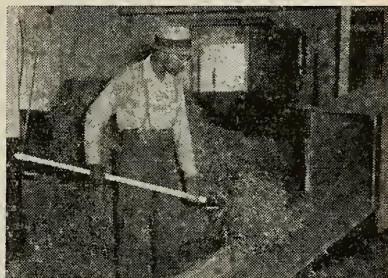
During the last year of this Biennium, the Commission has begun its home industry program to give training and employment to those blind who are able to work but who cannot leave their homes to accept outside employment.

The accompanying photographs show blind persons who have been established in home industries in their homes. The Commission has contacted the various factories in the state and has found a number of processes which can be done in the homes as satisfactorily as in the factory. Some of these processes are: rope splicing, stringing tobacco bags, stringing shipping and labeling tags, making and stringing mailing bags, looping clips for rugs, caning chairs, weaving hand towels and place mats, weaving baskets, hemming towels for Towel Supply Co., assembling door mats, and tying cords.

Since the first of March 1944, sixteen counties have been surveyed and twenty-five home bound blind persons have been started in the home industry work. The Special Case Workers for the Blind teach blind people occupational therapy craft in helping them to develop their sense of touch in making an adjustment to blindness. Through these processes, case workers find blind people who are especially proficient in the use of their hands. These are referred to the Home Industry Supervisor who establishes them in the home industry in coöperation with Lions Clubs and County Associations for the Blind. It is hoped that as the program develops a number of home bound blind people can earn as much as \$7.00 a week in their homes.

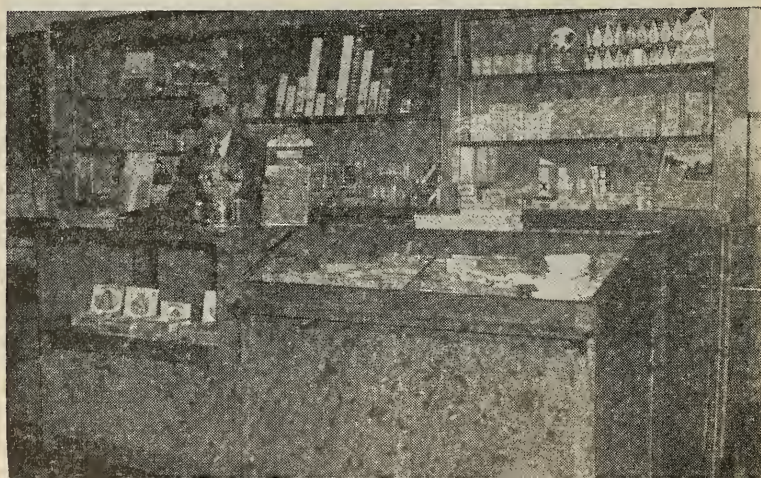
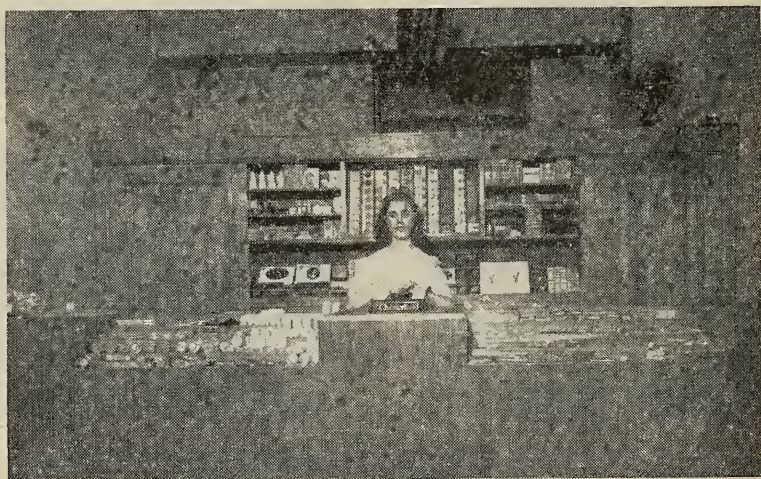
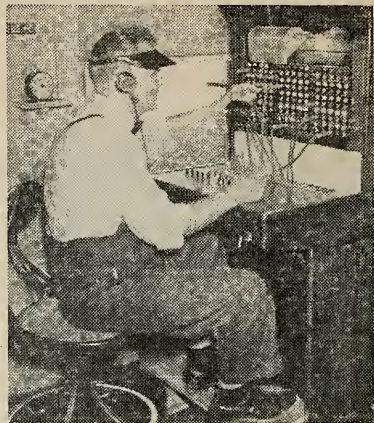
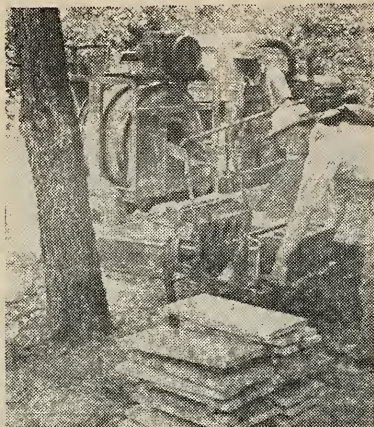
EMPLOYMENT OF THE BLIND IN INDUSTRIES

SCENES BELOW SHOW SOME OF THE MANY BLIND PEOPLE WHO HAVE BEEN PLACED IN EMPLOYMENT IN PRIVATE INDUSTRY AT WORK OPERATING A TIRE RECAPPING MACHINE, PACKING ICE CREAM, SKINNING QUILLS IN A COTTON MILL, LOADING STEMS ON A CONVEYOR, AND SORTING AND GRADING MICA FOR A MICA FACTORY.



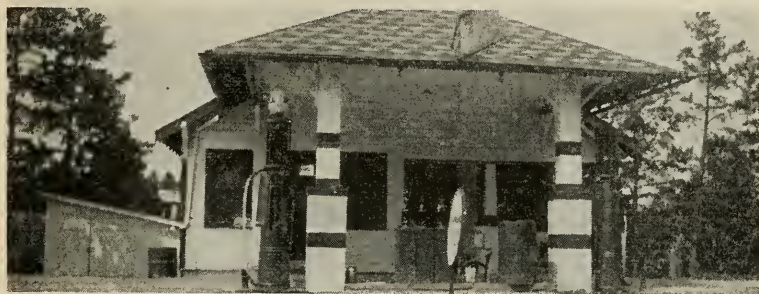
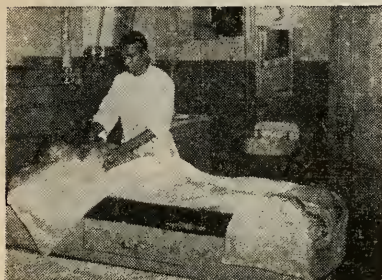
INDIVIDUAL EMPLOYMENT OF BLIND

SCENES BELOW SHOW BLIND PERSONS WHO HAVE BEEN TRAINED AND PLACED
IN EMPLOYMENT IN CEMENT BLOCK MIXING, TELEPHONE SWITCHBOARD
OPERATING AND CONCESSION STANDS.



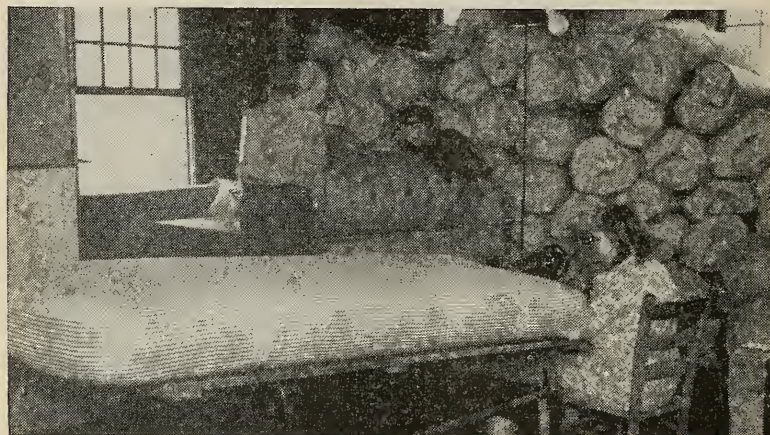
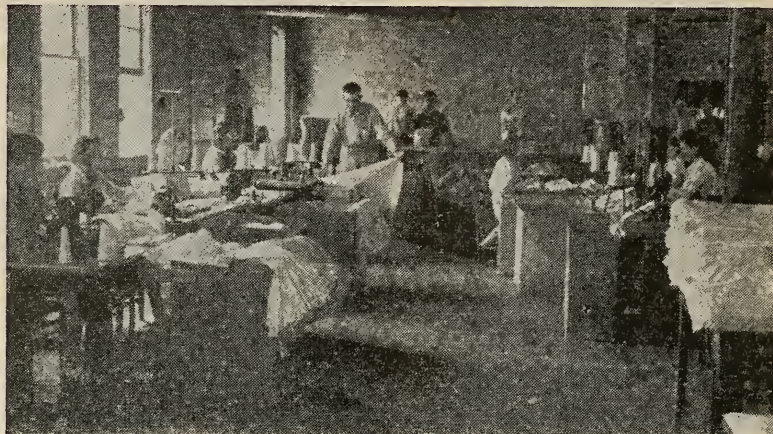
INDIVIDUAL EMPLOYMENT OF BLIND

SCENES BELOW SHOW BLIND PERSONS WHO HAVE BEEN TRAINED AND PLACED IN EMPLOYMENT IN INSURANCE SALES WORK, SODA SHOP WORK, AS MASSEURS, AND FILLING STATION AND GROCERY STORE OPERATORS.



GROUP EMPLOYMENT OF THE BLIND

PICTURES BELOW SHOW BLIND PERSONS WHO HAVE BEEN TRAINED AND EMPLOYED IN THE CHARLOTTE, DURHAM, AND WINSTON-SALEM WORKSHOPS, SPONSORED BY LIONS CLUBS.



GROUP EMPLOYMENT OF THE BLIND

PICTURES BELOW SHOW BLIND PEOPLE WHO HAVE BEEN TRAINED AND EMPLOYED, MAKING MOPS AND BROOMS IN THE GREENSBORO SHOP AND MATTRESSES IN THE ASHEVILLE WORKSHOP SPONSORED BY COMMITTEES OF LEADING CITIZENS AND LIONS.



VOCATIONAL REHABILITATION AND EMPLOYMENT

"There is not enough darkness in the whole wide world to put out the light of one small candle."—CECIL ROBERTS.

The Vocational Rehabilitation of the blind conserves the greatest of all assets—the working usefulness of human beings. The program, in the American way, aids men and women disabled in industry, or by accident, or illness, to escape the destructive forces of idleness, and to maintain the human dignity of independence in productive work. Investment in essential services to bring about their placement in gainful employment is assurance that the candle will never go out and that the Blind may enjoy the four freedoms; namely, Freedom from Fear, Want, Blindness, and Idleness.

Next to prevention of blindness or restoration of sight, restoration to the visually handicapped of the opportunity to become self-supporting is the most constructive work of the Commission. Its value to the State as well as to the individual citizens is immeasurable. For the State, the burden of continued relief is lightened. This can be measured in dollars and cents, but the increased assets of persons who were considered totally disabled, being restored to lives of usefulness, taking their rightful place in their communities beside their less handicapped neighbors cannot be so measured. For the blind themselves, the burden of idleness and discouragement is lifted, and hope once more is restored.

Vocational Rehabilitation for the blind involves nine factors, all or part of which may be required for ultimate successful adjustment. They are as follows:

- First, Early discovery of persons in need of rehabilitation to prevent the disintegrating effects of idleness and hopelessness.
- Second, Medical diagnosis and prognosis, together with a vocational diagnosis as a basis for determining a suitable plan for the individual.
- Third, Vocational counseling to select suitable fields of work in keeping with the individual's skills and capacities as compared to the requirements of jobs available in the various communities.
- Fourth, Medical and surgical treatment to restore to fullest capacity of employability in suitable occupations.

- Fifth, Physical and occupational therapy and psychiatric treatment as part of medical treatment where needed.
- Sixth, Vocational training to furnish new skills where unable to continue in previous occupation, or to refresh skills lost because of enforced disuse.
- Seventh, Financial assistance to provided maintenance and transportation during training.
- Eighth, Placement in employment suitable to individual skills, capacity, and temperament, with due regard to avoiding possibilities of further injury.
- Ninth, Follow-up supervision of employment to afford any adjustments that may be necessary, and to supplement training if necessary.

Physical examination, vocational counseling, training and placement are available at no cost to the blind person. Medical treatment, transportation maintenance, occupational tools, and equipment are provided without cost where economic need is established.

Rehabilitation of the visually handicapped is done on an individual basis. For one, it may mean physical restoration, or an appliance such as a hearing aid to restore him to previous employment. For another, it may mean changing to more suitable employment. Some may need counsel and advice and training in a business venture. Some may be trained in industry, others in clerical work, and in the profession field. North Carolina presents many rural problems and this is a field in which expansion is greatly needed.

The succeeding tables indicate the results of the efforts of the Commission in placing people in employment. There are several employed persons who are not shown in these tables as they are employed in defense work in Virginia, Maryland, and New York, and the details of their employment are unknown.

The annual earnings of blind persons aided in employment during the past biennium was \$310,876.80 as against \$86,400 potential cost to the County, State and Federal Government for maintenance on relief grants. Those blind persons restored to gainful employment since the Commission began show annual earnings of \$861,941.08 as compared with a potential annual relief cost of \$259,560.00 were they not assisted through

training, placement and supervision to lives of usefulness to themselves and to the community.

Table I indicates progress in the variation of job opportunities, as there are 51 different occupations shown. Table II reflects this same growth in that 82 different jobs are tabulated.

In a survey of North Carolina industries, the Commission has found that visually handicapped persons can compete successfully and sometimes excel seeing persons in the following industrial processes: assembling, bagging, banding, binding, boxing, bundling, burring, capping, chaining, checking, drilling, feeding, folding, framing, gauging, hemming, inserting, inspecting, labeling, lacing, lapping, lidding, marking, packing, padding, paneling, pasting, picking, rolling, sacking, sealing, shaping, splicing, sorting, stapling, stacking, stamping, stitching, stripping, taping, tapping, testing, trimming, turning, tying, winding, wrapping.

In addition to a highly developed sense of touch experience in placement has indicated that there are 4 other factors which contribute to success in this field of rehabilitation, namely:

- First, The blind person has greater powers of concentration; and because of limitations imposed by blindness, has learned care and precision in movement and orderliness in working habits—the blind worker saves time by never wasting motion or misplacing tools or working equipment.
- Second, The blind person actually possesses a greater store of physical energy to put into his work. Dammed up in other directions, this energy is channelled directly and fully into his job and results in a steady, consistent, and efficient day-after-day performance.
- Third, The job means more to the blind person, because he has long regarded his inactivity and inability to obtain work as a greater curse than blindness. He strengthens the general morale by working industriously, painstakingly, cheerfully, despite a severe handicap, thus lessening the petty grumbling and complaining of other workers.
- Fourth, The accident and fatigue rate is less than for seeing workers, because of the blind person's natural sense of caution, greater care in movement, quicker recoil from obstacles, freedom from distraction, and his developed sense of rhythm and unusual ability to stand routine.

TABLE I — Data on 240 Blind Persons Aided in Employment During Past Biennium.

Occupation or Business Operated	Number of Persons			Average Weekly Earnings
	Total	Male	Female	
* TOTAL.....	240	165	75	\$ 24.91
Concession Stands.....	41	32	9	21.42
Grocery Stores.....	10	9	1	25.20
Soda Shops.....	2	2		62.55
Filling Station Operator.....	1	1		25.00
Mattress Businesses.....	2	2		21.75
Piano Dealers.....	1	1		25.00
Workshop Employees.....	55	31	24	14.00
Timekeeper.....	1	1		30.00
Defense Workers.....	1	1		30.00
Health Department Helper.....	1	1		25.00
Furniture Finisher.....	1	1		28.00
Shipyard Worker.....	1	1		35.00
Tire Recapper.....	1	1		15.00
Candy and Sandwich Wrappers.....	6	4	2	19.20
Telephone Exchange Operators.....	2	2		17.50
Salesman.....	1	1		25.00
Farmers.....	2	2		14.15
Radio Announcers.....	2	2		26.55
Dairy Hand.....	1	1		12.00
Janitor.....	1	1		15.00
Sweeper.....	1	1		18.00
Poultry Raisers.....	1	1		12.50
Truckers.....	2	2		21.25
Lawyer.....	1	1		20.00
Teachers.....	5	3	2	17.60
Social Workers.....	13	2	11	29.54
Cement Block Business.....	1	1		35.00
Quill Skinner.....	1	1		25.00
Stenographers and Typists.....	2	2		22.50
Florist.....	1	1		15.00
Masseurs.....	4	4		23.50
Mica Gauging.....	41	17	24	16.00
News Butch.....	1	1		125.00
Piano Tuners.....	4	4		24.35
Construction Workers.....	2	2		25.00
Textile Workers.....	7	6	1	22.07
Tutors.....	1	1		10.00
Grist Mill Operators.....	2	2		25.00
Lumber Industry.....	1	1		16.00
Photography.....	1	1		20.00
Packers.....	4	3	1	20.75
Dry Cleaning.....	1	1		30.00
Pool Table Chain Owner.....	2	2		27.50
Furniture Store.....	1	1		18.00
Cafe Operator.....	1	1		20.00
Tobacco Factory.....	1	1		16.00
Night Clerk.....	1	1		25.00
Bookkeeper.....	1	1		50.00
Gardener.....	1	1		11.50
Cabinet Maker.....	1	1		16.00
Preacher.....	1	1		25.00

* This total represents the number of persons assisted during the biennium, and not the number of placements made. Some persons have been placed several times in the process of finding the most suitable employment for the individual.

TABLE II — Data on 721 Blind Persons Aided in Employment Since 1936.

Occupation or Business Operated	Number of Persons			Average Weekly Earnings
	Total	Male	Female	
* TOTAL.....	721	544	177	\$ 22.79
Concession Stands.....	110	79	31	18.45
Grocery Store.....	70	58	12	15.82
Soda Shop.....	3	3		53.33
Filling Station Operators.....	7	7		29.50
Piano Dealers.....	4	4		36.25
Workshop Employees.....	141	96	45	14.44
Timekeeper.....	1	1		30.00
Defense Workers.....	2	2		37.40
Health Department Helpers.....	2	2		23.75
Furniture Finishers.....	2	2		25.00
Shipyard Worker.....	1	1		35.00
Tire Recappers.....	2	2		22.50
Candy and Sandwich Wrappers.....	6	4	2	17.08
Looper Clip Project.....	8	4	4	7.00
Florists.....	2	2		21.00
Boarding House Operators.....	3		3	12.60
Pharmacist.....	1	1		25.00
Osteopathic Physician.....	1	1		22.50
Mica Gauging.....	41	17	24	16.00
Floor Sander.....	1	1		14.00
Preachers.....	4	4		22.75
Laborers.....	11	9	2	11.40
Mattress Business.....	19	19		22.97
Telephone Exchange Operators.....	3	3		20.00
Salesmen.....	11	7	4	15.18
Farmers.....	60	60		11.86
Radio Announcers.....	2	2		26.55
Dairy Hands.....	2	2		16.00
Janitors.....	2	2		16.50
Sweeper.....	1	1		18.00
Poultry Raisers.....	8	5	3	12.25
Truckers.....	2	2		21.25
Lawyers.....	4	4		31.25
Teachers.....	16	5	11	21.95
Social Workers.....	33	7	26	29.42
Cement Block Business.....	1	1		35.00
Tutors.....	3	2	1	11.25
Grist Mill Operators.....	4	4		17.00
Lumber Industry.....	5	5		19.63
Chair Caners.....	4	4		7.25
Plumbers.....	2	2		25.00
Casket Finisher.....	1	1		35.00
Coal Dealer.....	3	3		12.00
Beauty Operator.....	1		1	30.00
Packers.....	5	4	1	20.37
Justice of Peace.....	1	1		8.00
Barber Shop Owner.....	1	1		7.00
Farm Agent.....	1	1		35.00
Shoe Store Operator.....	1	1		15.00
Painter.....	1	1		36.00
Caddy.....	1	1		10.00
Clothing Store Owner.....	1	1		15.00

TABLE II — Continued

Occupation or Business Operated	Number of Persons			Average Weekly Earnings
	Total	Female	Male	
Cafe Operators.....	3	3		\$ 20.00
Fish Market Owner.....	1	1		8.00
Produce Dealer.....	1	1		15.00
Peanut Vendors.....	3	3		12.65
Handicraft and Needle Work.....	2	1	1	8.50
Nightwatchman.....	1	1		21.00
Newsboys.....	2	2		14.00
Laundry Workers.....	3	3		5.65
Meat Cutter.....	1	1		25.00
Quill Skinner.....	1	1		25.00
Stenographers and Typists.....	5	1	4	25.30
Masseurs.....	5	5		26.00
News Butch.....	1	1		125.00
Piano Tuners.....	26	26		20.69
Construction Workers.....	12	12		13.17
Textile Workers.....	12	10	2	21.50
Photography.....	1	1		20.00
Dry Cleaning.....	1	1		30.00
Pool Table Chain Operator.....	2	2		27.50
Furniture Store.....	1	1		18.00
Tobacco Factory.....	1	1		16.00
Night Clerk.....	1	1		25.00
Bookkeeper.....	1	1		50.00
Gardener.....	1	1		11.50
Cabinet Maker.....	1	1		16.00
Fix-it Shops.....	2	2		49.00
Musicians.....	4	4		14.00
Shipping Clerk.....	1	1		21.00
Mechanics.....	2	2		17.50
Electrician.....	1	1		55.00

* This total represents the number of persons assisted during the biennium, and not the number of placements made. Some persons have been placed several times in the process of finding the most suitable employment for the individual.

The Commission is expanding this effort as rapidly as possible, in order to make blind manpower available for those jobs from which seeing workers can be released and more efficiently utilized.

The preceding tables have indicated the expansion of rehabilitation in the field of small commercial enterprises and concession stands.

The experience of the Commission to the present time has been that the most permanent placements which it has been able to make have been in the small vending stands and stores and other self-made businesses in which the blind person becomes the operator under supervision. In many cases, the provision of some equipment or materials by the Commission will enable a blind person already in a business of his own, whose income is below the marginal level for subsistence, to increase his income to the point where he is self-supporting.

The North Carolina Bureau of Employment for the Blind has been organized by the Commission to serve as an advisory board in this rapidly growing effort, and the board is composed of highly successful business men who have had years of merchandising experience. Under their guidance a coördinated merchandising plan of stand operation has been developed, in which most of the operators of small businesses now participate. Under this plan, equipment and stock, as well as continued guidance and supervision in good merchandising practices, efficient buying, attractive display, sanitation and all phases of stand operation are furnished by the Commission.

Reports are required from those operating businesses and the person is visited regularly by the supervisor who assists him in devising new ways of increasing his income and increasing his efficiency on the job.

It is the plan of the Commission to extend this work on a sound business basis so that the blind operators may receive a maximum benefit in increased weekly wages in order that the public may receive increased services from a more efficient operation of stand concessions.

The preceding table also indicates the Commission's efforts in the field of the professions, showing blind persons employed as lawyers, social workers, teachers, osteopathic physicians, and in other professional capacities. Those who have the desire

and capacity for training and development in these skills are financially aided by the Commission through their training period, assisted in getting launched in their careers, and given follow-up supervision and guidance for as long as needed.

Those with ability to develop in the clerical field are given the opportunity for training and placement, as is indicated by the stenographers successfully employed.

The Commission plans to expand the rehabilitation in the rural areas. A number of blind persons are successfully employed as farmers, poultry, stock, and swine raisers, in rural grocery stores, telephone exchanges, grist mills, and cement block manufacturing. It is planned to extend a wider variety of opportunities for training and employment to this group so that they may be useful citizens in their own communities.

Another important phase of Vocational Rehabilitation of the Blind are the five workshops established by the Commission in conjunction with Lions Clubs or County Associations. These provide training and employment in making mattresses, brooms, mops, brushes, sheets, pillow cases, towels, napkins, handkerchiefs, rubber mats, chair caning, and upholstering, and when materials are available, various types of leather work and weaving.

The shops are non-profit making organizations, run on sound principles, with an eye to efficiency of operation so that the earnings of the Blind may be continuous and adequate, the proceeds going into expansion of opportunities for the Blind. The Commission furnishes the equipment, pays the training expenses of the blind persons, assists in payment of the salaries of the foreman, approves the employment of personnel, and owns the land and buildings in which two of the shops are operated. The local Lions Clubs or County Associations assist in the shop management, merchandise the products, provide many services for the blind workers, provide a revolving fund for purchase of materials and own the lots and buildings in which two of the shops are operated. These workshops provide an excellent opportunity for training at low cost, and provide employment opportunities for persons who could not be adjusted to employment outside the shop. There is great need for expansion of these workshops to include pre-conditioning centers where the newly blinded, and those who have never had any work experience can be assisted in their adjustments,

before they are placed in competition with fellow workers on the production line. Then there are certain minority groups such as blind colored men and women, and Indians for whom there are few placement possibilities, and the workshop activities need to be expanded to absorb these.

The Asheville Workshop for the blind is sponsored by the Buncombe County Association for the Blind. It is operated in a brick, fire-proof building which has been deeded to the Commission. Mattress making, mattress renovating, and chair caning are the major industries. This shop also houses the twenty-five blind persons who are guaging mica for the Asheville Mica Plant.

The Durham Lions Club Workshop for the Blind is operated in a large, modernly equipped building purchased by the Club for the operation of the shop. The major industries of this shop are mattress making and mattress renovating. Some weaving and chair caning are done. This shop processes the cotton felt for all the workshops making mattresses, at a lower cost than it could be purchased commercially.

The Guilford County Workshop for the Blind operates under the sponsorship of the Guilford County Association for the Blind in a two-story, fire-proof building. The major industries in this shop are broom making and mop making; brushes, chair bottoms and various types of novelty articles are also made.

The Mecklenburg County Workshop for the Blind is operated by the Charlotte Lions Club in a large, modernly equipped building which has been deeded to the Commission. The making of sheets, pillow cases, napkins, and handkerchiefs are the major industries. Mop making and chair caning are also carried on.

The Winston-Salem Lions Club Workshop for the Blind is operated in a two-story, brick building, purchased by the Winston-Salem Lions Club for the operation of the shop. The main industry in this shop is mattress making; however, mat making, basketry and chair caning are also done.

There are approximately one hundred blind persons employed in these shops at all times and the wages of the blind workers range from \$10.00 to \$30.00 a week.

The accompanying pictures show some of the major activities that are carried on.

DIRECT AID FOR THE NEEDY BLIND

"In the mere absence of the sense of vision, there results to a human being a deprivation to which few if any other earthly ills are to be likened."—BEST.

To the many complicated problems of blindness, there is often added other physical disabilities which have resulted from the same injury, disease, or condition that caused blindness thus rendering the individual unemployable and dependent upon his Government for the necessities of life.

During the past biennium 2,224 blind persons received direct relief grants on a basis of proven need under the Social Security Program. Direct relief for needy blind persons is even more essential than for other needy groups because no handicap is so destructive to economic independence as blindness, and because the physical conditions causing blindness are often still present in the body, resulting in other disabling physical conditions often requiring continued medical care. The program of aid to the needy blind is administered locally by the county departments of Public Welfare, as the local agents of the Boards of County Commissioners and of the Commission for the Blind. Blind persons receiving this assistance are those whom the Commission has been unable to make self-supporting and who have no relatives who are able to provide the minimum necessities of life. The majority of the recipients have some other handicap in addition to blindness, such as advanced age, poor health or other disability, and can never become employable. The average monthly grant during the biennium per blind recipient was \$15.64, which is \$11.54 less than the national average of \$27.18 per month per individual.

There are pending at the present time, 644 needy blind persons who are eligible under the law for Aid to the Blind but who cannot be aided because there are not sufficient State funds to assist them. As in the case of the present recipients, the majority of these include blind people having some other major physical handicap in addition to blindness.

In many cases blind persons are rehabilitated and placed in employment earning enough to take care of themselves, but they do not earn enough to take care of their wives and small children and need a supplementary grant. Also, often a direct aid grant is needed for short periods of time when the blind person is

experiencing some misfortunes, such as sickness, which with its increased needs makes it impossible for him to continue completely self-supporting, at least during the time of the emergency, and, if he receives a temporary public assistance grant, he would be able to get back on his feet again.

The Commission, because of limited funds, has been unable to give grants for continuing medical care. There is great need for such assistance among the blind, because quite frequently those physical conditions causing blindness are still present in the individual and should be treated to prevent suffering and premature death. The present available grant of \$16.17 is inadequate to take care of the bare necessities of life and the Commission is recommending an increase of approximately 13 per cent to enable the blind person to have at least 85 per cent of his minimum needs taken care of.

The following informational data on blind persons who have received direct aid during the period from July 1, 1942, through June 30, 1944, presents some very interesting facts.

**SOCIAL DATA ON CURRENT RECIPIENTS OF AID TO THE
BLIND ON CASES CLOSED AND ON APPLICANTS
REJECTED FROM JULY 1, 1942 THROUGH
JUNE 30, 1944.**

1. Average number blind persons receiving direct monthly aid during period.....	2,224
2. NUMBER BLIND NORTH CAROLINA CITIZENS ELIGIBLE UNDER LAW TO RECEIVE BUT APPROPRIATIONS ARE INADEQUATE.....	644
3. Number applications denied blind aid.....	240
Reasons aid denied:	
Ineligible because of too much vision.....	69
Ineligible because of residence requirements	10
Eligible for other form of assistance.....	18
Inmates of Public Institution.....	2
Other resources	105
Other	36

4. Number blind persons whose cases were closed..	851
Reasons:	
Death	252
Admitted to Public Institution.....	33
Supported by income of relatives.....	177
Moved out of State.....	10
Transfers of County residence.....	68
Became self-supporting.....	147
Entered Blind School.....	11
Other form of aid given because of limited aid to the blind funds.....	11
Other	142
5. NATIONAL AVERAGE MONTHLY GRANT PER BLIND RECIPIENT	\$27.18
6. NORTH CAROLINA'S AVERAGE MONTHLY GRANT PER BLIND RECIPIENT	15.64
7. Average range of individual monthly grants dur- period:	
\$ 5.00-\$ 6.99	7
7.00- 9.99	117
10.00- 14.99	885
15.00- 19.99	665
20.00- 24.99	297
25.00- 29.99	124
30.00- 40.00	129
8. Age of blind persons receiving direct aid:	
0-14 years	14
15-24 years	109
25-54 years	776
55 and over.....	1,325
9. Race of blind persons receiving direct aid:	
White	1,193
Colored	1,002
Indian	29

AID FROM OTHER AGENCIES, GROUPS AND INDIVIDUALS

"It is by mixing with his fellow creatures, by trying to live with them, and to struggle with them, that the blind man wrenches himself away from the humiliation of his infirmity, and that he has the sentiment of his own dignity as a man."—PIERRE VILLEY.

No State or Federal program can meet the needs of the blind. It is only by the combined efforts of State, Federal and Local Agencies that they can begin to be met. Blindness is first a family, then a local, then a State and lastly a national responsibility.

Through the work of the Commission an integrated program for the Blind is developed making possible coördination of all resources available to the blind and visually handicapped as well as the treatment of their specialized problems on an individual basis.

DIVISION OF VOCATIONAL REHABILITATION

Under the Barden Rehabilitation Act the Vocational Rehabilitation Division of the Federal Security Agency pays one-half of the rehabilitation case service costs of physical restoration, training, placement, etc., for blind people who are considered to be employable and all of the costs of rehabilitation office administration, vocational guidance and placement staff, and of war disabled civilians. The Federal Vocational Rehabilitation Division supervises the rehabilitation program for the blind and serves as an office of clearance and exchange of new and successful ideas and methods of rehabilitation for the forty-eight states.

SOCIAL SECURITY BOARD

Under Title X of the Federal Social Security Act, the Social Security Board pays one-half of the Aid to the Blind grants now being given to needy blind and allows, in addition, one-half of the cost of the administration of the aid to the blind program. The Social Security Board also supervises the Aid to the Blind program.

COUNTY COMMISSIONERS AND COUNTY WELFARE DEPARTMENTS

The County Commissioners provide one-fourth of the funds necessary for direct aid to the needy blind and approve the certifications of needy persons for grants with the amounts to be given. In addition to administering the aid to the needy blind program on a local level, the County Welfare Departments act as certifying agents for the medical services of the Commission and have given excellent coöperation in all phases of the work.

LIONS CLUBS

Districts 31-A, 31-B and 31-C of Lions International, which comprise all the Clubs in North Carolina, have as their major project "Work for the Blind." Each year two trophies are awarded to the clubs in each district who do the best work, one to clubs having a membership of under 40 and another to clubs having a membership of more than 40. In addition to the work shops sponsored by Lions Clubs, a wide variety of worthwhile far-reaching projects are being sponsored by members of the more than 100 Clubs in the State, most of whom are coöperating in some way with the Commission.

NORTH CAROLINA STATE ASSOCIATION FOR THE BLIND

The North Carolina State Association for the Blind, composed of leading citizens in the State who are interested in the problems of the blind, has given its full coöperation to the work of the Commission. Its member County Associations for the Blind have coöperated very closely with the Commission in carrying on programs for the blind and for the prevention of blindness in their counties.

OPHTHALMOLOGISTS

North Carolina is most fortunate in having located in the various sections of the state Eye Physicians who are giving unsparingly of their time and interest to prevent blindness and wherever possible to conserve and restore vision. These Ophthalmologists give to the charity cases recommended to their care the same highly skilled, professional services received by the private patient, and without the very fine coöperation and unselfishness of these Physicians it would be impossible to have a program of prevention in North Carolina.

The Commission is also indebted to the many private physicians who give treatment to persons referred for general medical attention by the Ophthalmologists. The eye difficulties of these patients are the result of disease or abnormal conditions in other parts of the body, for the eye is often called "a thermometer to bodily conditions." Many indigent persons with defective vision coming under the care of the Commission have diseases of the blood vessels, kidneys, brain or other parts of the body which are first picked up by the Eye Physician. Diseased tonsils and other bodily infections in children are so often the cause of impaired vision, which condition if not detected by an Eye Physician and corrected may impair the efficiency not only of the eye but of other vital organs of the body.

OTHER AGENCIES AND INDIVIDUALS

The State Federation of Women's Clubs, have taken work for the blind as one of their major projects. Individual club women are rendering personal services to the blind as a part of their general program.

The State Welfare Department, the State Department of Education, the State Board of Health, and the County Welfare, School and Health Officials have given valuable assistance in the development of its work.

The State School for the Blind has given fine coöperation to the Commission in the development of its work.

Rotary, Kiwanis, American Business Men's Clubs, Exchange Clubs, P.-T.A.'s and other organizations have coöperated in their local communities.

The following organizations outside of the State aid the Commission in the development of its work: The American Foundation for the Blind, National Industries for the Blind, The National Society for the Prevention of Blindness, The National Society for the Blind, The Seeing Eye and The Washington Society for the Blind.

MISCELLANEOUS SERVICES

"There has been created in the mind of the public as a whole, a realization that the blind man, woman, and child are integral parts of the human family, reputable members of society, qualified mentally for almost any calling, merely carrying a physical handicap that can and is being minimized by proper adjustment, so that the sightless are rapidly securing the place . . . to which they are entitled."—M. C. MIGEL.

As the blind are made to feel an integral part of the community in which they live through the rendering of casework adjustment, guidance, rehabilitation and miscellaneous services they are able to make their contribution to society.

During the past Biennium 20,799 visits to homes of blind persons were made to render some service to a blind person. In the great majority of cases, these visits were made by the Special Case Workers for the blind to give instruction and assistance to the blind person in adjusting to blindness and by the Placement Agents to aid the individual in completing plans for employment or in improving present employment. In some cases, visits were made to acquaint blind persons with the services available through the Commission and other agencies in the State.

Twenty-one thousand six hundred fifty interviews have been held with the blind either in the home, in centers of employment, or in the office of a coöperating agency to make plans with the blind person to help him to meet his needs more adequately or to give him supervisory assistance with the view of improving his efficiency on the job which he is holding.

Nine thousand one hundred one contacts have been made with interested citizens regarding blind persons in their communities. Many of these contacts have been made with members of clubs and other organized groups with a view to securing varying types of assistance or coöperation in meeting the needs of blind persons living in that community. The securing of second-hand radios and typewriters and having them reconditioned for blind persons; the giving of guide service and transportation for a blind person to attend church and general community meetings, and assisting him to participate in other forms of community activity; the furnishing of white canes, the securing of free theater passes

for a blind person and his guide to attend the theater; the arrangement of holiday parties for the blind or the inclusion of the blind in community entertainments; assistance in marketing the products made by the blind individual; and many other personal neighborly services are rendered by interested citizens who are usually members of a club or other organized group interested in the social welfare of their communities.

Four hundred twenty-eight talks have been made before clubs or other organized groups. Six hundred twenty-five blind persons were given general medical attention. Eight hundred fifty-one persons were registered with the Commission for the first time. Thirty-five blind children were found and referred for the first time to the School for the Blind. Twelve sterilization operations were arranged for blind persons at their request. Seventy-five talking book machines have been placed in homes of the blind.

SURVEY AND REGISTER

"With blindness there all too often goes a gap between those bearing it and those spared it. The result is that the blind miss the full and ready understanding which they should have, that they in considerable degree lose the helpful sympathy which should be theirs, and that they live in a world, not of darkness alone, but in a very large measure of seclusion as well."—BEST.

If the State is to assist its blinded citizens in overcoming the handicaps of blindness, it must know their number, location, and their individual needs and abilities.

On June 30, 1944 there were registered with the North Carolina State Commission for the Blind 7,412 blind persons. While this is not a complete register of all the blind in the State, it includes the great majority of those persons whose vision is so defective that they cannot read ordinary print even with the aid of glasses. Thirty-seven per cent of the group registered are totally blind in both eyes, 20 per cent are totally blind in one eye but have some useful vision in the other eye, and 43 per cent have some useful vision remaining in both eyes.

Approximately 65 per cent of the known blind population in North Carolina are white; 34 per cent are colored; 1 per cent is Indian.

It is interesting to note that the counties of the Tidewater region have the highest rate of blindness—252 per 100,000 of the general population. The Upper Coastal counties have the second highest rate—217 blind per 100,000 of the general population. The Highland counties have the next highest rate—208 per 100,000 of the general population. The counties in the Piedmont region have the lowest rate of blindness—190 blind per 100,000 of the general population.

There are several possible explanations for these variations in regional ratio of blindness. The most important seems to be the fact that in the Tidewater region the ratio of persons fifty-five years of age and over per 100,000 population according to the general census is higher than in other regions. The ratio of blindness among the aged is much higher than among other age groups. Also, the comparative wealth of this region is less than the other areas indicating the resulting inability of much of the citizenship to provide medical care for the conservation and restoration of vision and the provision of an adequate diet.

Appendix III in the back of this report presents the data by geographical regions and counties and discloses very interesting information with regard to the location of the blind in North Carolina, their race and sex, present age, degree of blindness, age at the onset of blindness, source of support and the number of blind per 100,000 of the total population.

RECOMMENDATIONS

The preceding report of the work of the Commission has presented a concise review of the invaluable services rendered to the blind and needy visually handicapped of North Carolina during the past two years. This report also calls attention to many unmet needs. The members of the Commission are convinced by facts contained in this report that the granting of additional funds requested for rehabilitation and prevention work will save the taxpayers much more money than is requested for expenditure. Work for the blind in North Carolina was begun in an economy period. Each session of the Legislature has been faced with the necessity of trying to keep the budget at as low a figure as possible. The members of the Commission, appreciating these difficult problems of state financing, have never asked for, and are not now asking for sufficient funds to meet the needs of the blind and severely visually handicapped indigent children and adults of the State.

Although greatly needed, the Commission is not requesting funds to extend the Special Case Work adjustment services to larger numbers of blind persons; to provide revolving funds for stand vending, workshop, and home industry programs; to provide general medical care; or to provide relief grants for all of the needy blind eligible under the Law or to provide needed eye care for all of the visually handicapped indigent children and adults now pending for such service. The Commission is confining its request for increased funds to the following four needs:

First, \$19,951 additional funds are requested to continue the treatment and operative clinic services now available to the needy visually handicapped and to provide for sight saving classes. This requested increase will provide the following:

- \$16,126 Increase to provide for the same number of eye operations during each year of the coming biennium as was performed during the past two years. Since the Legislature last met, hospital rates have greatly increased and our charity rate has come up from \$2 to \$3 in the average hospital and to a higher rate at specialized hospitals. The cost of instruments and operating room costs have also advanced from \$5 to \$10 per patient, making the average eye operation including hospitalization cost \$57 instead of \$35 per patient. During the past biennium the Commission provided 733 eye operations for needy blind persons to restore and conserve vision and prevent blindness. For the Commission to service this same number during the next biennium, it will cost \$16,126 additional. This will not provide any funds for additional cases which need to be serviced but will take care of the most urgent cases eligible for eye operations.
- \$ 1,125 Increase to provide \$25 per month additional salary to teachers of sight saving classes in our five largest cities. One out of each 500 school children has an incurable visual handicap making him unable to read the printed page of the textbook or see the black-board work and yet he is not sufficiently blind to attend the State School for the Blind to learn to read and write Braille. Civic clubs are willing to provide the equipment for these five sight saving classes and Boards of Education will coöperate in assigning a regular teacher; however, it is necessary that the

teachers go at their own expense to Columbia University or some western university to learn the specialized techniques of sight saving teaching. This the teachers will not do unless the Commission can give them some increment in salary. Also the work is more difficult than regular teaching. For the small sum of \$1,125 the State can provide educational opportunities for a number of these school children who are now too blind to profit by public school and are grade repeaters and yet not blind enough to go to the State School for the Blind.

- \$ 1,740** Increase to provide for one additional Medical Social Worker. At the present time the Commission has only four Medical Social Workers. One of these is required to give two-thirds of her time to the Aid to the Blind program and she gives the other one-third to supervising the prevention of blindness and sight conservation work. This means that the three remaining workers have a territory of approximately 33 counties each. This is too large a territory to be adequately serviced and it is therefore impossible to service all of the indigent people who apply for medical eye care and who are eligible. During the last biennium 1,001 persons were removed from the classification of blindness and 14,300 persons serviced at an average cost to the State of \$3.58 per individual (\$30,899 for medical appliances was contributed by clubs for glasses and is therefore not a cost to the State). If an additional Medical Social Worker can be added, many more eligible indigent people in need of eye care can be serviced and the average territory will be 25 counties or less.
- \$ 960** Increase to provide \$80 per month travel allowance for aforesaid Medical Social Worker.

Second, \$26,711 additional funds are requested to provide matching funds for the new and expanded rehabilitation services available to North Carolina under the new Federal Act. On July 6, 1943 Congress enacted the Barden-LaFollette Bill providing for the first time an over-all rehabilitation program for the blind. The Act provided for Federal Funds on an unmatched basis as necessary until the various legislatures could meet.

The additional funds requested are to match Federal Funds which will be available July 1, 1945 for new items such as: medical examinations, corrective surgery, transportation, hospitalization, prosthetic devices. These items are essential to the rehabilitation of many blind persons and have heretofore never been provided for. These funds will also provide additional necessary funds for training, equipment and maintenance. Necessary funds to match Federal Funds for the above items are as follows:

\$13,950 Increase to replace unmatched Federal money needed for equipment that will after July 1, 1945 no longer be available. This equipment is to establish blind persons in businesses to make them self-supporting. In most cases not only the person but his entire family is rehabilitated. This money will be spent for equipment items as follows: grist and feed mills, mattress and broom shop equipment and stand equipment ranging for each individual blind person from \$500 to \$700 each; telephone exchanges, soda shops and grocery stores—each individual unit for each blind person will cost approximately \$1,000; from \$400 to \$600 for equipment to establish rural blind people in agricultural projects as poultry raising, swine raising and stock raising; \$250 for peanut and popcorn machines and other light equipment. It is planned to establish carefully selected blind people in the various types of occupations listed above and wherever it is possible to rehabilitate a blind person in less expensive employment with less costly equipment this will be done. Blind people established in these businesses are carefully supervised and when they cease to use the equipment it goes back to the State for the use of another blind person, thus the money spent is a permanent investment in rehabilitation and constitutes a permanent resource.

\$ 1,000 Increase to replace unmatched Federal money needed for medical examinations that will after July 1, 1945 no longer be available. Since the conditions causing blindness are often still present in the body, general medical examinations should be made before putting a blind person in employment—this also protects the public when the blind are placed in stands, rural

grocery stores, etc. These examinations are secured for \$2 each.

- \$ 500 Increase to replace unmatched Federal money needed for corrective surgery that will not after July 1, 1945 be available. The condition causing blindness often causes other crippling conditions—some of which are correctible through treatment.
- \$ 500 Increase to replace unmatched Federal money needed for transportation that will after July 1, 1945 no longer be available. This item is necessary to take care of the transportation of needy blind persons to physicians and clinics and to and from training centers.
- \$ 750 Increase to replace unmatched Federal money needed for Hospitalization that will after July 1, 1945 no longer be available. This is to provide hospitalization for those cases referred for corrective surgery but which cannot get improvement unless hospitalized.
- \$ 500 Increase to replace unmatched Federal money needed for prosthetic devices that will after July 1, 1945 no longer be available. This money will be spent for glass eyes, artificial limbs, etc., needed by blind people to make them employable.
- \$ 8,000 Increase to replace unmatched Federal money needed for maintenance that will after July 1, 1945 no longer be available. This item is to take care of the room and board of blind people at \$50 per month while in training in schools and colleges, in industrial and commercial training, in workshops, etc.
- \$ 1,511 This item is to take care of the tuition, fees, books and supplies of all blind students in schools and colleges; of the tuition for blind persons in industrial and commercial training. This increase is to replace unmatched Federal Funds that will not be available after July 1, 1945.

Third, \$47,616 additional funds are requested for direct relief grants to the needy blind to provide for the following:

- \$25,051 Increase to provide funds for direct relief to take care of a monthly grant of \$19.51 per individual for 428 of the most needy of the 644 blind persons now

eligible to receive Aid to the Needy Blind but for whose assistance no funds are available. These blind people have some other major physical handicap in addition to blindness.

\$22,565 Increase to raise the present average monthly grant per individual of \$16.17 to \$19.51. At the present time only approximately 75 per cent of the individual's needs for the bare necessities of life are being taken care of. This increase will take care of some of the increases in food cost and will make it possible to meet approximately 85 per cent of the individual blind person's needs for the bare necessities of life.

Fourth, \$1,180 additional funds are requested to provide a merit rating system for employees. At the close of the last Legislature, the General Assembly enacted a Merit System Law setting up for most State Agencies a civil service system of merit standards but no funds were provided for salary increases to put into effect the personnel rating system as required under a Merit System. The Commission is requesting an increase of 3 per cent in State funds used for salaries to enable the giving of small salary increments to the personnel earning excellent or above average under the system of merit rating. The Federal Government has agreed to give a similar 3 per cent increase for personnel paid from Federal Funds. This item is also being requested for the Commission by the North Carolina Merit Council.

APPENDIX I

Data by counties giving the age, diagnosis, and vision before and after treatment of the 1,001 persons removed from the classification of blindness.

INFORMATIONAL DATA ON 1,001 PERSONS REMOVED FROM CLASSIFICATION OF BLINDNESS—

JULY 1, 1942-JUNE 30, 1944

Note: 20/20 is normal vision, that is, the individual can see an object at 20 feet which he is supposed to see at that distance. 20/200 means that the person must be within 20 feet of an object to see it while he should be able to see it 200 feet away. The numerator in this fraction is always the distance at which the person *should be able* to see if vision were normal.

In the table below, "L.P." means "Light Perception"; "H.M." "Hand Movements"; "F.C." "Finger Count"; "Nil" means "Total Blindness."

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Alamance	71	Diabetes-Cataracts	C.F. 3ft.	C.F. 3ft.	C.F. 3ft.	20/30
Alleghany	9	Severe Hyperopia	20/100	20/100	20/40	20/40
"	12	Hyperopia	20/100	20/100	20/20	20/20
"	80	Presbyopia-Hyperopia	20/100	20/100	20/25	20/20
"	72	Pterygium-Hyperopia	20/200	L.P.	20/20	L.P.
"	54	Astigmatism-Presby.	20/200	20/200	20/20	20/20
"	13	Severe Hyperopia	20/100	20/100	20/40	20/70
Alexander	56	Presbyopia-Myopia	20/200	20/100	20/20	20/20
"	50	Hyperopia-Presbyopia	12/200	20/200	20/20	20/20
"	51	Hyperopia-Presbyopia	20/200	20/100	20/20	20/20
Anson	10	Conjunctivitis	20/200	20/200	20/20	20/20
"	9	Hyperopia-Amblyopia	20/200	20/200	20/40	20/60
"	10	Severe Hyperopia	20/200	20/200	20/20	20/20
"	7	Hyperopia	20/200	20/200	20/20	20/20
"	13	Myopia	20/200	20/200	20/30	20/20
"	12	Comp. Hyper. Astig.	20/200	20/200	20/20	20/30
"	9	Marked Hyperopia	20/200	20/200	20/40	20/30
"	75	Cataracts	F.C. 5ft.	F.C. 3ft.	20/70	F.C. 3ft.
"	75	Cataracts	12/200	L.P.	20/60	L.P.
"	44	Cataracts	L.P.	F.C. 1ft.	L.P.	20/70
"	74	Cataracts	F.C. 2ft.	F.C. 1ft.	20/70	20/70
"	71	Hyperopia-Presbyopia	20/200	20/200	20/40	20/40
"	16	Juvenile Cataracts	20/200	20/200	20/40	20/40
"	13	Severe Hyperopia	20/200	20/200	20/70	20/100
"	14	Comp. Hyper. Strabismus	20/100	20/100	20/40	20/100
Ashe	11	Astigmatism	20/100	20/100	20/50	20/70
"	71	Presbyopia-Astig.	20/100	20/100	20/20	20/30
"	4	Hyper.-Astigmatism	20/100	20/100	20/70	20/70
"	67	Cataracts	F.C. 5ft.	20/200	20/100	20/50
"	62	Hyperopia-Astigmatism	20/100	20/100	20/20	20/20
"	68	Hyperopia-Presbyopia	20/200	20/100	20/20	20/20
"	66	Presbyopia-Myopia	20/100	20/200	20/20	20/70
"	30	Myopia-Astigmatism	20/200	20/200	20/20	20/20
"	10	Comp. Hyper.-Astig.	20/200	20/200	20/40	20/40
"	57	Hyperopia-Presbyopia	20/200	20/200	20/20	20/20
"	43	Astigmatism	20/200	20/200	20/70	20/70
"	63	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	68	Presbyopia-Myopia	20/200	20/200	20/30	20/30
"	66	Hyper.-Optic Atrophy	Nil	20/200	Nil	20/40

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Avery	30	Hyperopia-Astig.	20/100	20/200	20/70	20/100
"	8	Hyperopia-Astig.	20/200	20/200	20/30	20/70
"	79	Hyperopia-Presbyopia	20/100	20/100	20/20	20/20
"	9	Comp. Hyper.-Astig.	20/100	20/100	20/70	20/70
"	15	Severe Mixed Astig.	20/200	20/200	20/50	20/50
"	14	Myopia	20/100	20/200	20/40	20/40
"	10	Myopia	20/100	20/100	20/20	20/20
"	17	Myopia	20/200	20/200	20/30	20/30
"	11	Hyperopia	20/100	20/100	20/20	20/20
"	34	Hyperopia-Astigmatism	20/200	20/200	20/40	20/40
Avery	12	Strabismus-Amblyopia	20/200	20/300	20/30	20/100
"	59	Presbyopia-Myopia	10/200	10/200	20/20	20/20
"	17	Myopia	15/200	15/200	20/70	20/70
"	15	Myopia	20/200	20/200	20/20	20/20
"	43	Severe Hyperopia-Presbyopia	10/200	10/200	20/20	20/20
Beaufort	45	Hyperopia-Presbyopia	20/100	20/100	20/20	20/20
"	56	Presbyopia-Hyperopia	20/100	20/100	20/20	20/20
"	34	Cataracts	L.P.	20/100	L.P.	20/50
"	57	Presbyopia-Myopia	8/200	8/200	20/30	20/30
"	61	Presbyopia-Hyperopia	20/100	20/100	20/20	20/20
Bertie	38	Myopia-Optic Atrophy	20/400	20/400	20/100	20/70
"	9	Hyperopia	20/100	20/100	20/20	20/20
"	8	Astigmatism	20/100	20/100	20/40	20/40
"	11	Hyperopia	20/100	20/100	20/20	20/20
"	12	Comp. Hyperopia-Astigmatism	20/100	20/100	20/20	20/20
"	56	Pterygium	F.C. 5ft.	20/200	F.C. 5ft.	20/70
"	59	Pterygium-Corneal Clouding	20/200	20/200	20/200	20/70
"	16	Myopia	20/200	20/200	20/30	20/30
Bladen	64	Cataracts	Nil	L.P.	Nil	20/30
"	64	Cataracts	20/200	F.C. 3ft.	20/200	20/30
"	12	Hyperopia-Astigmatism	20/100	20/100	20/100	20/60
"	13	Hyperopia-Astigmatism	20/100	20/100	20/60	20/60
"	10	Hyperopia-Astigmatism	20/100	20/100	20/50	20/50
"	12	Myopia	20/100	20/100	20/30	20/30
"	11	Myopia-Astigmatism	20/100	20/100	20/50	20/50
"	9	Myopia	20/100	20/100	20/40	20/40
"	11	Myopia	20/100	20/100	20/60	20/60
"	11	Myopia	20/100	20/100	20/40	20/40
"	14	Hyperopia-Astigmatism	20/100	20/100	20/100	20/60
"	16	Myopia	20/100	20/100	20/30	20/30
"	72	Aphakia	L.P.	Nil	20/40	Nil
"	62	Cataracts	20/100	F.C. 3ft.	20/40	20/40
"	10	Myopia	20/400	20/400	20/40	20/50
"	16	Astigmatism	15/200	15/200	20/70	20/70
"	10	Hyperopia-Astigmatism	20/200	15/200	20/100	20/70
"	10	Astigmatism	20/100	20/100	20/40	20/40
"	10	Myopia	5/200	18/200	20/40	20/40
Brunswick	43	Cataracts	C.F. 5ft.	C.F. 5ft.	20/15	20/15
"	24	Juvenile Cataracts	20/100	H.M.	20/30	20/40
"	12	Lack of fusion on retina	14/200	20/200	20/60	20/60
"	11	Hyperopia-Astigmatism	20/100	20/100	20/30	20/40
"	43	Cataracts	F.C. 5ft.	F.C. 5ft.	20/200	20/50
Buncombe	64	Hyperopia-Presbyopia	20/200	20/200	20/20	20/20
"	5	Hyperopia-Astigmatism	20/100	20/100	20/70	20/70
"	14	Myopia-Astigmatism	8/200	9/200	20/25	20/25
"	36	High Myopia	12/200	10/200	20/30	20/30

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Buncombe.....	64	Presbyopia-Hyperopia-Squint.....	20/200	Nil	20/20	Nil
".....	62	Cataracts.....	20/200	L.P.	20/20	L.P.
".....	47	Retinal Pigmentosis.....	20/200	20/200	20/30	20/25
".....	68	Presbyopia-Hyperopia.....	20/200	20/200	20/20	20/30
".....	14	Keratitis.....	Nil	L.P.	20/40	20/50
".....	54	Cataracts.....	L.P.	Nil	20/40	Nil
".....	52	Presbyopia-Myopia.....	7/200	6/200	20/20	20/20
Buncombe.....	43	High Myopia-Astigmatism.....	6/200	20/200	6/200	20/70
".....	70	Hyperopia-Left internal Squint.....	20/200	20/200	20/40	20/200
".....	12	Myopia.....	20/100	20/100	20/20	20/20
".....	51	Presbyopia-Myopia.....	7/200	14/200	20/50	20/30
".....	68	Cataracts.....	20/200	20/100	20/70	20/30
".....	54	Hyperopia-Presbyopia.....	15/200	12/200	20/25	20/25
".....	60	Presbyopia-Amblyopia.....	H.M.	15/200	H.M.	20/25
".....	10	Myopia.....	12/200	15/200	20/25	20/25
Burke.....	12	Progressive Myopia.....	20/200	18/200	20/50	20/50
".....	66	Mature Cataracts.....	L.P.	20/200	L.P.	20/20
Cabarrus.....	69	Keratitis.....	20/100	16/200	20/50	20/100
".....	72	Cataracts.....	F.C. 3ft.	20/200	F.C. 3ft.	20/40
".....	46	Presbyopia-Myopia.....	20/200	20/200	20/20	20/20
".....	76	Presbyopia-Myopia.....	20/100	20/100	20/40	20/40
".....	61	Glaucoma.....	20/200	Nil	20/70	Nil
".....	11	Hyperopia.....	20/200	20/200	20/30	20/30
".....	45	Presbyopia-Myopia.....	20/200	18/200	20/30	20/30
".....	49	Presbyopia-Myopia.....	18/200	18/200	20/30	20/30
".....	62	Cataracts.....	L.P.	20/200	20/20	20/200
".....	68	Hyperopia-Presbyopia.....	18/200	20/200	20/20	20/20
".....	47	Presbyopia-Hyperopia.....	20/100	20/100	20/20	20/20
".....	10	Hyperopia.....	20/100	20/100	20/20	20/20
".....	53	Presbyopia-Hyperopia.....	20/200	20/200	20/20	20/20
".....	33	Astigmatism.....	20/100	20/200	20/70	20/100
".....	32	Astigmatism.....	8/200	6/200	20/70	20/30
Caldwell.....	13	Myopia.....	20/200	20/200	20/30	20/30
".....	45	Myopia-Cataract.....	L.P.	L.P.	L.P.	20/70
".....	9	Hyperopia-Strabismus.....	20/100	20/100	20/50	20/50
".....	58	High Myopia.....	20/200	20/200	20/30	20/70
".....	10	Myopia-Astigmatism.....	20/100	20/100	20/20	20/20
".....	75	Presbyopia-Myopia.....	20/200	20/100	20/50	20/20
".....	12	Myopia-Astigmatism.....	20/200	20/200	20/20	20/20
".....	10	Hyperopia.....	20/100	20/100	20/20	20/20
".....	44	Presbyopia-Myopia.....	20/200	20/200	20/20	20/20
".....	6	Myopia-Astigmatism.....	20/100	20/100	20/50	20/50
".....	14	Strabismus-Hyperopia.....	20/100	20/100	20/100	20/30
".....	12	Hyperopia.....	20/200	20/200	20/40	20/40
".....	30	Congenital Cataracts.....	5/200	L.P.	5/200	20/40
".....	15	Aphakia.....	F.C. 5ft.	F.C. 5ft.	20/100	20/100
".....	70	Cataracts.....	F.C. 3ft.	L.P.	F.C. 3ft.	20/100
".....	56	Presbyopia-Myopia.....	20/400	20/400	20/40	20/40
".....	28	Hyperopia-Astigmatism.....	20/200	20/100	20/20	20/20
".....	24	Hyperopia-Astigmatism.....	20/200	20/200	20/30	20/30
".....	11	Myopia-Astigmatism.....	20/100	20/100	20/15	20/15
".....	7	Hyperopia-Internal squint.....	20/100	20/100	20/20	20/20
".....	56	Presbyopia-Myopia.....	20/200	20/200	20/30	20/30
Camden.....	16	Myopia.....	20/200	H.M.	20/50	H.M.
".....	52	Presbyopia-Myopia.....	20/200	20/100	20/200	20/50
".....	75	Hyperopia-Presbyopia.....	Nil	10/200	Nil	20/50

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Carteret.....	60	Presby.-Ext. Squint-Myopia.....	H.M.	20/200	H.M.	20/20
".....	55	Cataracts.....	L.P.	F.C. 3ft.	20/40	F.C. 3ft.
Catawba.....	44	Astigmatism.....	20/200	20/200	20/40	20/40
".....	72	Glaucoma.....	20/100	20/200	20/50	20/200
".....	16	Juvenile Cataracts.....	20/200	20/200	20/30	20/40
Chatham.....	76	Cataracts.....	L.P.	F.C. 3ft.	L.P.	20/40
Cherokee.....	24	Myopic Astigmatism-Nystagmus.....	3/200	6/200	20/70	15/200
".....	14	High Hyperopia-Astigmatism.....	20/200	20/200	20/50	20/200
".....	9	Hyperopia-Amblyopia.....	20/100	20/200	20/20	20/200
Chowan.....	8	Severe Hyperopia.....	20/200	20/200	20/30	20/30
".....	48	Chronic Iritis.....	20/200	20/200	20/30	20/200
".....	67	Pterygium.....	20/100	20/100	20/70	20/70
".....	48	Retinitis.....	20/100	20/200	20/50	20/50
".....	39	Cataracts.....	10/200	L.P.	20/40	L.P.
".....	65	Myopia.....	10/200	L.P.	20/70	L.P.
".....	70	Cataracts.....	L.P.	20/200	L.P.	20/25
".....	73	Cataracts-Phthisis Bulbi.....	20/200	Nil	20/40	Nil
Clay.....	69	Astig. with Corneal Scar.....	14/200	L.P.	20/40	L.P.
Cleveland.....	35	Myopia.....	Enucleated	20/200	none	20/25
Columbus.....	35	Cataracts.....	10/200	F.C. 5ft.	20/100	20/30
".....	39	Myopia.....	15/200	3/200	20/80	20/100
".....	8	Myopia.....	20/200	20/200	20/70	20/70
".....	13	Astigmatism.....	20/100	20/100	20/20	20/20
".....	13	Comp. Hyperopia-Astigmatism.....	15/200	20/200	20/20	20/20
".....	10	Comp. Hyperopia-Astigmatism.....	20/200	20/100	20/60	20/40
Craven.....	68	Cataracts.....	F.C. 5ft.	H.M.	20/50	H.M.
".....	72	Cataracts-Choroiditis.....	L.P.	20/100	L.P.	20/70
".....	80	Cataracts.....	L.P.	10/400	20/60	20/200
".....	59	Cataracts.....	20/200	L.P.	20/40	L.P.
".....	18	Myopia-Phthisis Bulbi.....	20/200	L.P.	20/25	L.P.
Cumberland.....	12	Myopic Astigmatism.....	20/200	20/200	20/20	20/20
".....	75	Cataract-Hyper.-Presby.....	Nil	10/200	Nil	20/50
".....	49	Hyperopia-Presbyopia.....	20/100	20/100	20/20	20/20
".....	60	Hyperopia-Presbyopia.....	10/200	10/200	20/20	20/20
".....	10	Hyperopia.....	20/100	20/100	20/20	20/20
".....	13	Hyperopia.....	20/100	20/100	20/20	20/20
".....	16	Hyperopia-Myopia.....	L.P.	L.P.	20/40	20/40
".....	19	Myopia.....	L.P.	L.P.	20/20	20/20
".....	17	Myopic Astigmatism.....	20/100	20/100	20/25	20/25
".....	55	Presbyopia-Myopia.....	20/100	20/100	20/20	20/20
".....	64	Presbyopia-Myopia.....	L.P.	L.P.	20/20	20/20
".....	63	Aphakia.....	L.P.	L.P.	20/50	L.P.
".....	46	Hyperopia-Astigmatism.....	20/200	20/200	20/20	20/20
".....	22	Myopia.....	L.P.	L.P.	20/25	20/25
".....	67	Hyperopia-Presbyopia.....	L.P.	L.P.	20/20	20/20
".....	9	Hyperopia.....	20/100	20/100	20/20	20/20
".....	76	Cataract-Arteriosclerosis.....	L.P.	L.P.	20/40	L.P.
".....	84	Presbyopia-Myopia.....	20/200	20/200	20/40	20/40
".....	17	Astigmatism.....	20/200	20/200	20/30	20/30
".....	30	Severe Hyperopia.....	8/200	8/200	20/50	20/50
".....	11	Hyperopia-Internal squint.....	L.P.	20/100	20/200	20/30
".....	66	Aphakia.....	10/400	L.P.	20/20	20/40
".....	66	Presbyopia-Hyperopia.....	20/100	20/100	20/20	20/20
".....	41	Hyper.-Astig.-Presbyopia.....	L.P.	L.P.	20/25	20/25
".....	60	Cataracts.....	L.P.	20/200	20/25	20/200

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Currituck	13	Myopic Astigmatism.....	20/200	20/200	20/40	20/50
"	72	Myopia-Presbyopia.....	3/200	5/200	20/70	20/60
"	71	Comp. Myopia-Presbyopia.....	5/200	5/200	20/40	20/60
"	70	Presbyopia-Arteriosclerosis.....	20/200	20/200	20/70	20/70
"	66	Comp. Astigmatism-Presbyopia.....	20/200	20/200	20/60	20/60
"	73	Presbyopia-Myopia.....	10/200	10/200	20/40	20/40
Dare	51	Presbyopia-Hyperopia.....	20/200	20/200	20/50	20/30
"	10	Myopia.....	20/100	20/100	20/50	20/50
"	14	Myopic Astigmatism.....	20/200	20/200	20/20	20/20
"	54	Presbyopia-Myopia.....	15/200	15/200	20/30	20/30
"	45	Astigmatism.....	20/100	20/100	20/20	20/20
"	47	Presbyopia-Myopia.....	20/200	20/200	20/30	20/70
Davidson	70	Cataracts.....	20/400	F.C. 1ft.	20/70	20/30
"	81	Aphakia.....	F.C. 4ft.	F.C. 4ft.	F.C. 4ft.	20/40
"	12	Amblyopia-Squint.....	20/400	20/200	20/100	20/20
"	41	Hyperopia-Optic Atrophy.....	Nil	20/200	Nil	20/20
Davie	60	Incipient Cataract.....	20/240	blind	20/30	none
"	20	Hyperopia.....	20/100	20/100	20/70	20/70
"	77	Hyperopia.....	20/100	20/100	20/30	20/30
"	66	Aphakia.....	H.M.	F. 6ft.	20/30	no imp.
"	18	Hyperopia.....	20/100	20/200	20/30	20/30
"	10	Hyperopia.....	20/100	20/100	20/30	20/30
Duplin	65	Cataracts.....	L.P.	F.C. 2ft.	L.P.	20/40
"	73	Myopia-Cataract-Pterygium.....	6/200	6/400	20/60	20/400
"	67	Presbyopia-Myopia.....	20/700	20/200	20/60	20/70
"	58	Astigmatism.....	20/200	20/200	20/30	20/25
"	77	Cataracts.....	20/200	20/200	20/70	20/80
"	64	Cataracts.....	F.C. 5ft.	Nil	20/50	Nil
"	17	Myopia.....	20/200	20/200	20/20	20/20
"	8	Astigmatism.....	20/200	20/200	20/20	20/30
"	9	Astigmatism-Myopia.....	20/100	20/100	20/50	20/50
"	82	Hyperopia.....	20/100	20/100	20/20	20/20
"	42	Presbyopia-Myopia.....	20/200	20/200	20/20	20/20
"	62	Presbyopia-Myopia.....	20/200	20/200	20/25	20/25
"	43	Astigmatism-Presbyopia.....	20/200	20/200	20/50	20/50
Durham	68	Cataracts.....	F.C. 2ft.	5/200	20/40	5/200
"	79	Myopia.....	20/400	20/200	20/400	20/70
"	75	Cataracts.....	20/100	20/200	20/100	20/40
"	66	Cataract-Glaucoma.....	20/400	F.C. 1ft.	20/50	20/400
"	76	Cataracts.....	L.P.	20/400	20/20	20/400
"	72	Aphakia.....	L.P.	L.P.	20/40	20/50
"	68	Cataracts.....	20/200	20/200	20/200	20/20
"	62	Corneal Opacities.....	20/400	20/100	20/400	20/50
"	62	Cataracts.....	10/400	10/400	20/400	20/50
"	21	Myopia.....	15/400	15/400	20/70	20/200
"	11	Myopia.....	20/200	20/200	20/40	20/40
"	51	Aphakia.....	F.C. 3ft.	F.C. 2ft.	20/20	20/20
"	61	Cataracts.....	Nil	L.P.	Nil	20/60
"	52	Presbyopia-Myopia.....	20/400	20/300	20/25	20/25
"	17	Juvenile Cataracts.....	L.P.	F.C. 1ft.	L.P.	20/30
"	14	Myopia.....	20/200	20/100	20/20	20/20
"	45	Cataracts.....	20/100	20/100	20/30	20/30
"	18	Cataracts.....	20/400	20/400	20/400	20/70
"	10	Hyperopia.....	20/200	20/200	20/20	20/20
"	14	Hyperopia-Astigmatism.....	20/400	20/200	20/25	20/25
"	53	Presbyopia-Astigmatism.....	20/200	Nil	20/50	Nil

County	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Durham	69	Aphakia	20/400	20/400	20/100	20/25
"	65	Presbyopia	20/400	20/400	20/20	20/25
"	68	Myopia	F.C. 3ft.	F.C. 3ft.	20/40	20/40
"	66	Presbyopia	20/100	20/100	20/40	20/40
"	67	Cataracts-Glaucoma	20/400	Nil	20/60	Nil
"	69	Cataracts	20/400	20/400	20/30	20/30
Edgecombe	73	Cataracts	H.M.	H.M.	H.M.	20/70
"	51	Cataracts	L.P.	L.P.	20/50	L.P.
"	14	Myopia-Astigmatism	20/100	20/100	20/20	20/20
"	17	Hyperopia-Astigmatism	20/100	20/100	20/50	20/50
"	10	Strabismus	20/100	20/100	20/70	20/30
"	49	Myopia	20/100	20/100	20/20	20/20
"	65	Cataracts	L.P.	20/250	L.P.	20/60
"	60	Cataracts	L.P.	F.C. 5ft.	L.P.	20/30
"	10	Hyperopia	20/200	20/200	20/20	20/20
"	53	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
Forsyth	71	Myopia-Presbyopia	20/200	20/200	20/60	20/60
"	51	Cataracts	L.P.	L.P.	20/30	20/30
Franklin	62	Hyperopia	20/200	20/200	20/30	20/30
Gaston	48	Secondary Membrane	L.P.	C.F. 3ft.	L.P.	20/30
"	60	Cataracts	F.C. 4ft.	F.C. 5ft.	20/50	20/60
"	54	Cataracts-Epithelioma	F.C. 1ft.	F.C. 3ft.	20/30	F.C. 3ft.
"	64	Cataracts	L.P.	F.C. 10ft.	20/20	20/20
"	72	Presbyopia-Astigmatism	20/200	20/200	20/30	20/25
"	52	Cataracts	20/200	F.C. 4ft.	20/30	F.C. 4ft.
"	74	Cataracts	20/100	20/100	20/50	20/50
"	67	Cataracts	L.P.	F.C. 1ft.	20/20	20/20
"	82	Cataracts	20/400	L.P.	20/20	L.P.
"	46	Cataracts	F.C. 3ft.	F.C. 3ft.	20/30	20/30
"	30	Myopia	10/400	20/400	20/200	20/40
Gates	15	Hyperopia-Astigmatism	20/100	20/100	20/50	20/50
"	52	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	60	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	72	Presbyopia-Hyperopia	20/100	Nil	20/60	Nil
"	78	Cataract	Nil	20/200	Nil	20/70
"	15	Myopia-Oblique Astigmatism	20/200	20/100	20/100	20/40
"	10	Hyperopia	20/100	20/100	20/20	20/20
Graham	13	Myopia-Astigmatism	F.C. 6ft.	F.C. 6ft.	20/50	20/50
"	12	Mixed Astigmatism	20/100	20/200	20/30	20/30
"	46	Presbyopia-Astigmatism	20/100	20/100	20/20	20/20
"	13	Myopia	20/200	20/200	20/40	20/40
"	11	Myopia Astigmatism	20/200	20/200	20/30	20/30
"	11	Hyperopia	20/100	20/100	20/20	20/20
"	88	Cataracts	F.C. 8ft.	F.C. 10ft.	20/50	20/50
"	50	Presbyopia-Hyperopia	20/100	20/200	20/30	20/30
Granville	67	Cataracts	F.C. 5ft.	L.P.	20/40	L.P.
"	52	Cataracts	F.C. 7ft.	H.M.	20/30	H.M.
Greene	38	Myopia	20/100	20/100	20/20	20/20
"	72	Presbyopia-Hyperopia	20/100	20/100	20/25	20/25
"	10	Hyperopia	20/100	20/100	20/25	20/25
Guilford	72	Presbyopia-Hyperopia	20/200	Nil	20/50	Nil
"	52	Cataracts	Nil	F.C. 4ft.	Nil	20/50
"	12	Astigmatism	20/100	20/100	20/30	20/30
"	12	Astigmatism	20/200	20/200	20/70	20/70
"	12	Hyperopia	20/200	20/100	20/100	20/70
"	17	Mixed Astigmatism	20/100	20/100	20/70	20/70

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Guilford	11	Myopia	10/200	20/200	20/20	20/20
"	13	Myopia	20/100	20/100	20/20	20/20
"	12	Astigmatism	20/100	20/100	20/70	20/70
"	15	Hyperopia-Astigmatism	20/100	20/100	20/40	20/40
"	12	Astigmatism	20/200	20/100	20/70	20/100
"	11	Astigmatism	20/100	20/100	20/20	20/20
"	36	Mixed Astigmatism	20/200	20/100	20/40	20/20
"	12	Myopia	20/100	20/100	20/20	20/20
"	17	Comp. Hyperopia-Astigmatism	20/100	20/100	20/20	20/20
"	16	Mixed Astigmatism	20/100	20/100	20/20	20/20
"	13	Myopia	20/100	20/100	20/20	20/20
"	8	Astigmatism	20/100	20/100	20/40	20/40
"	13	Hyperopia	7/200	7/200	20/30	20/100
"	8	Traumatic Cataracts	Nil	20/200	Nil	20/30
"	14	Myopia	20/100	20/100	20/30	20/30
"	11	Myopia	20/100	20/100	20/20	20/20
"	15	Myopia	20/400	20/300	20/20	20/20
"	12	Myopia	F.C. 3ft.	F.C. 3ft.	20/20	20/20
"	12	Compound Astigmatism	20/200	20/200	20/20	20/20
"	83	Cataracts	F.C. 1ft.	5/200	F.C. 1ft.	20/70
"	13	Mixed Astigmatism	20/100	20/100	20/20	20/20
Halifax	14	Myopia	20/100	20/200	20/20	20/20
"	13	Myopic Astigmatism	20/100	20/200	20/50	20/20
"	69	Presbyopia-Myopia	20/400	20/400	20/50	20/70
"	69	Cataracts	20/200	H.M.	20/200	20/50
"	91	Cataracts	20/200	L.P.	20/50	L.P.
"	21	Hyperopic Astig-Nystagmus	20/200	F.C. 3ft.	20/40	20/100
"	52	Cataracts	H.M.	L.P.	20/40	L.P.
Harnett	73	Presbyopia-Arteriosclerosis	L.P.	L.P.	20/40	20/40
"	14	Hyperopia	20/100	20/200	20/40	20/40
"	51	Cataracts	F.C. 4ft.	F.C. 3ft.	20/50	20/50
Haywood	10	Hyperopia-Squint	20/200	20/200	20/40	20/60
"	65	Corneal Opacities	20/200	L.P.	20/50	L.P.
"	53	Cataracts	L.P.	L.P.	20/50	L.P.
Henderson	80	Cataracts	F.C. 1ft.	20/200	F.C. 1ft.	20/70
"	50	Presbyopia-Hyperopia	20/200	20/200	20/30	20/30
"	48	Presbyopia-Hyperopia	20/100	20/100	20/40	20/40
"	75	Myopic Presbyopia	20/400	20/400	20/70	20/70
"	57	Presbyopia Hyperopia	20/200	20/200	20/20	20/20
"	62	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	82	Cataracts	20/200	20/100	20/200	20/70
"	19	Juvenile Cataracts	F.C.	F.C.	20/70	20/200
Hertford	75	Cataracts	20/200	20/200	20/70	20/70
"	50	Presbyopia-Hyperopia	20/200	20/200	20/50	20/50
"	60	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	61	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	18	Myopic Astigmatism	20/100	20/100	20/20	20/20
"	63	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	57	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	59	Presbyopia-Hyperopia	20/100	20/100	20/25	20/25
"	61	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	54	Presbyopia-Myopia	15/200	15/200	20/20	20/20
"	68	Macular Degeneration	20/200	F.C. 5ft.	20/50	F.C. 3ft.
Hoke	76	Cataracts-Conjunctivitis	F.C. 3ft.	H.M.	F.C. 3ft.	20/70
"	60	Presbyopia-Hyperopia	20/100	20/100	20/25	20/25
"	70	Presbyopia-Myopia	20/100	20/100	20/20	20/60

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Hoke	48	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	60	Myopia-Presbyopia	5/200	F.C. 5ft.	20/40	20/400
"	52	Presbyopia-Myopia	F.C. 7ft.	F.C. 7ft.	20/20	20/20
"	53	Presbyopia-Hyperopia	20/200	20/100	20/20	20/20
"	53	Myopia	20/100	20/100	20/20	20/20
"	33	Hyperopic Astigmatism	18/200	18/200	20/20	20/20
"	35	Presbyopia-Astigmatism	20/200	20/200	20/40	20/40
"	42	Cataracts	20/200	10/200	20/20	20/40
"	21	Cataracts	10/200	15/200	20/25	20/50
"	52	Presbyopia	10/200	10/200	20/20	20/20
Hyde	59	Cataracts-Aphakia	L.P.	F.C.	L.P.	20/20
"	59	Cataracts	L.P.	L.P.	20/70	L.P.
Iredell	30	Iridocyclitis	20/200	8/200	20/25	20/200
"	13	Retinitis	20/150	20/150	20/25	20/25
"	60	Cataracts	Nil	L.P.	Nil	20/40
"	13	Nystagmus	20/100	20/100	20/70	20/70
"	38	Macular Degeneration	20/200	20/200	20/60	20/200
Jackson	15	Myopia	10/200	20/200	20/100	20/50
"	56	Presbyopia-Myopia	15/200	15/200	20/30	20/30
Johnston	23	Cataracts	20/400	20/400	20/25	20/25
"	10	Hyperopia	20/100	20/100	20/20	20/20
"	65	Cataracts	F.C. 3ft.	F.C. 3ft.	20/20	20/20
"	46	Amblyopia-Presbyopia	20/100	20/100	20/80	20/40
"	12	Hyperopia	20/100	20/100	20/30	20/30
"	14	Myopia	20/200	20/200	20/20	20/20
"	12	Keratitis	F.C. 1ft.	H.M.	20/20	20/20
"	13	Juvenile Cataracts	20/200	H.M.	20/30	20/200
"	9	Myopia	20/400	20/400	20/20	20/20
"	23	Traumatic Cataracts	20/400	20/400	20/400	20/60
"	17	Myopic Astigmatism	20/200	20/200	20/70	20/30
"	8	Hyperopia	20/100	20/100	20/70	20/70
"	29	Myopic Astigmatism	20/400	20/100	20/70	20/30
"	13	Hyperopic Astigmatism	20/200	20/100	20/70	20/70
"	59	Hyperopia-Presbyopia	20/200	20/100	20/20	20/20
"	12	Hyperopia	20/100	20/100	20/20	20/20
"	10	Hyperopia	20/100	20/100	20/25	20/25
"	13	Juvenile Cataracts	20/200	Nil	20/20	Nil
"	21	Myopic Astigmatism	F.C. 10ft.	F.C. 10ft.	20/20	20/20
"	57	Presbyopia	20/100	20/100	20/20	20/20
"	42	Cataracts	F.C. 2ft.	L.P.	20/70	L.P.
"	81	Cataracts	20/200	F.C. 2ft.	20/200	20/70
Jones	61	Cataracts	F.C. 5ft.	L.P.	20/40	L.P.
Lee	48	Presbyopia-Hyperopia	20/100	20/200	20/50	20/200
"	69	Cataracts	20/200	20/400	20/50	20/400
"	82	Cataracts	20/200	20/200	20/50	20/50
"	73	Cataracts	20/400	20/400	20/60	20/60
"	67	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	69	Hyperopia	20/100	20/100	20/20	20/20
"	67	Cataracts	L.P.	20/200	L.P.	20/30
"	54	Hyperopia-Presbyopia	20/100	20/100	20/20	20/20
"	75	Hyperopia-Presbyopia	20/200	20/200	20/30	20/30
"	75	Hyperopia-Presbyopia	20/100	20/100	20/20	20/30
"	65	Hyperopia-Presbyopia	20/200	20/200	20/20	20/30
"	70	Hyperopia-Presbyopia	20/200	20/100	20/30	20/30
"	68	Hyperopia-Presbyopia	10/200	10/200	20/20	20/30
"	76	Traumatic Cataract	L.P.	20/100	L.P.	20/70

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Lee	77	Cataracts	20/200	10/200	20/50	20/50
"	73	Glaucoma	10/200	10/200	20/70	20/70
"	76	Cataract	Nil	L.P.	Nil	20/20
"	75	Hyperopia	20/200	20/200	20/70	20/70
"	58	Presbyopia	20/200	20/400	20/30	20/50
"	71	Cataracts	20/200	20/400	20/50	20/200
"	82	Cataracts	20/400	20/400	20/40	20/40
"	13	Hyperopia	20/400	20/400	20/40	20/40
"	76	Cataracts	20/400	20/400	20/60	20/60
"	54	Presbyopia-Myopia	20/200	20/200	20/40	20/30
"	71	Presbyopia-Myopia	20/200	20/100	20/25	20/20
"	81	Cataracts	20/200	20/200	20/50	20/70
"	14	Keratitis	20/100	20/200	20/30	20/30
"	12	Hyperopia-Squint	20/100	20/100	20/100	20/50
"	68	Cataracts	F.C. 2ft.	5/200	F.C. 2ft.	20/30
"	75	Cataracts	3/200	2/200	2/200	2/500
"	13	Hyperopia	20/200	20/200	20/70	20/70
"	22	Hyperopia	20/200	20/200	20/30	20/30
Lenoir	74	Cataracts	L.P.	20/400	L.P.	20/60
"	73	Aphakia	20/400	20/400	20/100	20/70
"	13	Hyperopia	20/400	20/400	20/30	20/40
"	52	Presbyopia-Myopia	20/400	20/400	20/20	20/20
"	74	Presbyopia-Myopia	20/400	20/400	20/40	20/40
"	73	Myopia-Cataracts	20/400	L.P.	20/70	L.P.
"	78	Aphakia	20/200	20/200	20/60	20/200
"	42	Presbyopia-Myopia	20/400	20/400	20/60	20/60
"	67	Presbyopia-Hyperopia	20/100	20/100	20/20	20/20
"	77	Myopia-Presbyopia	20/400	20/400	20/60	20/60
"	56	Myopia-Presbyopia	20/400	20/400	20/60	20/60
"	73	Cataracts	L.P.	F.C. 3ft.	L.P.	20/50
"	13	Myopia	20/400	20/400	20/25	20/50
"	69	Presbyopia-Myopia	20/100	20/100	20/20	20/20
"	68	Presbyopia-Myopia	20/400	20/100	20/30	20/40
"	59	Presbyopia-Myopia	20/100	20/100	20/30	20/30
Lincoln	18	Juvenile Cataracts	20/200	L.P.	20/30	20/30
Macon	39	Aphakia	20/200	L.P.	20/40	L.P.
"	40	Cataracts	L.P.	L.P.	20/40	L.P.
"	52	Chronic Glaucoma	F.C. 1ft.	20/200	20/400	20/40
"	65	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	71	Presbyopia-Hyperopia	20/100	20/100	20/40	20/40
Madison	30	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	76	Hyperopia-Presbyopia	20/200	20/200	20/25	20/50
"	65	Corneal Ulcer	20/200	Nil	20/30	Nil
"	83	Presbyopia-Myopia	20/100	20/200	20/50	20/100
"	59	Presbyopia-Hyperopia	20/200	20/200	20/25	20/20
"	69	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	17	Myopia-Astigmatism	20/200	20/200	20/50	20/50
Martin	12	Nystagmus-Squint	20/100	20/100	20/70	20/70
"	18	Hyperopia-Corneal Clouding	20/200	20/200	20/100	20/20
"	18	Myopia-Choroiditis	20/100	20/100	20/20	20/20
"	64	Presbyopia-Myopia	20/200	20/200	20/40	20/40
"	12	Myopia	20/200	20/200	20/20	20/20
McDowell	69	Cataracts	10/200	2/200	20/40	2/200
"	12	Hyperopic Astigmatism	20/200	20/100	20/40	20/40
"	65	Cataracts	L.P.	20/200	L.P.	20/50
"	76	Optic Neuritis	H.M.	F.C. 3ft.	F.C. 3ft.	20/30

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
McDowell	9	Squint	3/200	10/200	20/70	20/70
"	12	Myopic Astig.-Exophoria	20/100	20/100	20/70	20/70
"	70	Cataracts	5/200	1/200	5/200	20/30
"	72	Cataracts	L.P.	L.P.	L.P.	20/30
"	46	Cataracts	F.C. 4ft.	5/200	20/25	20/50
"	12	Hyperopia	20/100	20/100	20/25	20/25
"	11	Hyperopia-Ambluopia	5/200	5/200	20/30	20/100
"	13	Hyperopia	20/100	20/100	20/25	20/25
"	11	Hyperopic Astigmatism	20/100	20/100	20/30	20/30
"	16	Hyper. Mixed Astig.	8/200	20/200	20/25	20/25
"	14	Hyperopia	20/200	20/100	20/25	20/30
"	14	Progressive Myopia	20/200	10/200	20/70	20/200
Mecklenburg	52	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	13	Comp. Hyperopic Astig.	20/100	20/100	20/20	20/20
"	61	Presbyopia-Myopia	20/200	20/200	20/40	20/30
"	73	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	73	Cataracts	F.C. 8ft.	F.C. 12ft.	20/70	F.C. 12ft.
"	49	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	16	High Myopia	20/200	20/200	20/70	20/70
"	74	Cataracts	5/200	3/200	5/200	20/40
"	34	Myopia	20/200	20/200	20/15	20/25
"	45	Presbyopia-Myopia	20/200	20/100	20/70	20/70
"	73	Cataracts	20/200	20/200	20/30	20/30
"	19	Myopic Astigmatism	20/200	20/200	20/70	20/40
"	63	Choroiditis-Nerve Atrophy	20/200	L.P.	20/50	L.P.
"	56	Myopia	20/100	20/100	20/40	20/40
"	73	Cataracts	F.C. 10ft.	F.C. 10ft.	20/30	20/30
"	48	Myopia-Optic Atrophy	L.P.	20/200	L.P.	20/20
"	70	Cataracts	Nil	20/200	Nil	20/25
"	60	Cataracts	L.P.	L.P.	20/30	L.P.
"	75	Cataracts	F.C. 1ft.	F.C. 1ft.	20/70	F.C. 1ft.
"	14	Myopia	20/200	20/200	20/20	20/20
"	11	Myopia	20/200	20/200	20/20	20/20
"	12	Hyperopia	20/100	20/100	20/20	20/20
"	70	Cataracts	20/200	20/200	20/70	20/70
"	23	Myopia	20/200	20/200	20/30	20/100
"	49	Myopia-Presbyopia	F.C. 3ft.	F.C. 2ft.	F.C. 3ft.	20/25
"	74	Cataracts	L.P.	F.C. 2ft.	L.P.	20/40
"	28	Squint	20/200	L.P.	20/30	L.P.
"	49	Presbyopia-Myopia	20/200	20/100	20/20	20/20
"	61	Cataracts	20/200	20/200	20/200	20/70
"	67	Cataracts	L.P.	L.P.	20/40	L.P.
"	16	Myopia	20/200	20/200	20/25	20/20
"	14	Myopia	20/200	20/200	20/30	20/40
"	16	Myopia	20/200	20/200	20/20	20/20
"	6	Hyperopia	20/100	20/100	20/20	20/20
"	65	Hyperopia	20/200	20/200	20/25	20/30
"	74	Cataracts	F.C. 2ft.	F.C. 2ft.	F.C. 2ft.	20/40
"	67	Cataracts-Aphakia	L.P.	F.C. 2ft.	L.P.	20/20
"	21	Nystagmus-Myopia	20/100	20/100	20/40	20/40
"	66	Cataracts	F.C. 5ft.	L.P.	20/25	20/70
"	12	Hyperopia-Astigmatism	20/100	20/200	20/20	20/20
"	60	Hyperopia-Presbyopia	20/100	20/100	20/20	20/20
"	69	Hyperopia-Presbyopia	20/100	20/100	20/20	20/20
"	18	Hyperopia-Presbyopia	20/200	20/200	20/30	20/20
"	12	Hyperopia-Astigmatism	20/150	20/150	20/70	20/70

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Mecklenburg	44	Myopia	20/200	20/200	20/50	20/50
"	72	Cataracts	20/200	20/200	20/20	20/20
"	70	Cataracts	L.P.	F.C. 20ft.	20/25	20/50
"	50	Presbyopia-Astigmatism	20/200	20/200	20/25	20/25
"	53	Opacities	20/100	Nil	20/70	Nil
"	43	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	11	Myopia	20/200	20/200	20/15	20/15
"	69	Presbyopia-Arteriosclerosis	20/200	20/200	20/20	20/25
"	65	Cataracts	20/100	20/200	20/30	20/200
"	37	Retinitis	20/100	20/200	20/30	20/100
"	78	Neuritis-Optic Atrophy	F.C. 5ft.	Nil	20/50	Nil
"	58	Hyperopia-Presbyopia	20/100	20/100	20/20	20/20
"	47	Hyperopia-Presbyopia	20/100	20/100	20/20	20/20
"	66	Cataract	F.C. 20ft.	L.P.	20/40	L.P.
"	58	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	62	Presbyopia-Pterygium	20/200	20/200	20/20	20/20
"	12	Choroiditis-Astigmatism	20/200	20/200	20/100	20/70
"	9	High Hyperopia	F.C. 4ft.	F.C. 4ft.	20/100	20/30
"	55	Retinal Arteriosclerosis	20/200	20/200	20/20	20/25
"	72	Cataracts	20/200	20/200	20/50	20/50
"	68	Pterygium-Hyperopia	20/200	20/100	20/25	20/25
"	44	Hyperopia-Presbyopia	20/200	20/100	20/40	20/30
"	9	Myopia	20/100	20/100	20/20	20/20
"	11	Myopia	20/200	20/200	20/25	20/30
"	60	Presbyopia-Myopia	F.C. 10ft.	F.C. 5ft.	20/20	20/20
"	6	Congenital Squint	20/200	20/200	20/20	20/20
"	63	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	44	Presbyopia-Hyperopia	20/200	20/200	20/30	20/25
"	9	High Hyperopia	F.C. 3ft.	F.C. 4ft.	20/20	20/20
"	65	Glaucoma	Nil	20/300	Nil	20/30
"	60	Cataracts	F.C. 5ft.	F.C. 5ft.	20/25	20/25
"	23	Juvenile Cataracts	F.C. 1ft.	L.P.	20/35	L.P.
"	67	Hyperopia-Presbyopia	20/200	20/200	20/20	20/20
"	53	Hyperopia-Astigmatism-Presbyopia	20/200	20/100	20/25	20/25
"	20	Myopia	20/100	20/100	20/20	20/20
"	56	Cataracts	H.M.	H.M.	20/30	20/30
"	6	Congenital Squint-Nystagmus	20/200	20/200	20/20	20/20
"	60	Cataracts	20/200	20/200	20/25	20/25
"	13	Astigmatism	20/200	20/200	20/20	20/20
"	13	Myopia	20/200	20/200	20/20	20/20
"	12	Myopia	20/100	20/100	20/20	20/20
"	58	Presbyopia-Myopia	H.M.	H.M.	20/20	20/20
"	51	Presbyopia-Myopia	H.M.	H.M.	20/20	20/20
"	54	Presbyopia-Hyperopia	20/200	20/100	20/30	20/25
"	68	Presbyopia-Myopia	20/100	20/200	20/25	20/40
"	34	Hyperopia	20/200	20/200	20/100	20/70
Mitchell	9	Astigmatism	20/100	20/100	20/50	20/50
"	9	Hyperopia	13/200	20/200	20/50	20/40
"	11	Myopia-Astigmatism	20/200	20/200	20/25	20/25
"	14	High Myopia	5/200	5/200	20/50	20/50
"	8	Astigmatism	18/200	18/200	20/30	20/30
"	13	Astigmatism	20/100	20/100	20/40	20/40
"	73	Cataract	20/200	20/200	20/40	20/40
"	12	Hyperopic Astigmatism	20/100	20/100	20/50	20/50
"	12	Astigmatism	20/100	20/100	20/50	20/25
"	61	Presbyopia-Astigmatism	20/100	20/100	20/20	20/20

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Mitchell	13	Myopia	10/200	5/200	20/25	20/25
"	9	Hyperopia	20/200	20/200	20/50	20/200
"	13	Hyperopic Astigmatism	20/200	20/200	20/20	20/20
"	16	Hyperopia	20/100	20/100	20/30	20/30
"	12	Hyperopia	20/200	20/200	20/70	20/70
"	9	Ambly-Internal Squint	18/200	20/200	20/30	20/70
"	15	Myopia	20/200	20/200	20/30	20/25
Montgomery	55	Cataracts	20/200	20/200	20/50	20/30
"	63	Cataracts	F.C. 2ft.	F.C. 2ft.	20/20	20/15
"	53	Opacities-Ant. Monoboma	Nil	L.P.	Nil	20/40
"	64	Cataracts	F.C. 5ft.	F.C. 5ft.	20/70	20/70
"	73	Cataracts	F.C. 6ft.	F.C. 6ft.	20/20	20/40
"	14	Juvenile Cataracts	20/200	20/200	20/25	20/25
"	15	Hyperopic Astigmatism	20/100	20/100	20/30	20/25
"	13	Hyperopia	20/100	20/100	20/20	20/20
"	9	Myopia	20/200	20/100	20/25	20/25
"	11	Hyperopic Astigmatism	20/200	20/200	20/30	20/70
Moore	49	Cataracts	F.C. 4ft.	20/200	20/50	20/200
"	42	Astigmatism	20/200	20/200	20/100	20/70
"	13	Myopia	20/200	20/200	20/30	20/30
"	12	Myopia	20/200	20/200	20/100	20/40
"	71	Cataracts	L.P.	F.C. 3ft.	20/50	F.C. 3ft.
"	71	Cataracts	F.C. 2ft.	F.C. 2ft.	20/50	F.C. 2ft.
"	39	Presbyopia-Myopia	F.C. 3ft.	F.C. 3ft.	20/25	20/25
"	8	Nystagmus	20/100	20/100	20/20	20/70
"	87	Myopia-Presbyopia	15/200	15/200	20/60	20/70
"	47	Presbyopia-Myopia	20/300	20/400	20/70	20/200
"	60	Presbyopia-Astigmatism	20/100	20/100	20/25	20/25
"	65	Myopia-Presbyopia	20/200	20/200	20/50	20/50
"	14	Amblyopia	20/200	20/200	20/70	20/70
"	23	Keratitis-Corneal Scar	20/100	20/100	20/50	20/50
"	86	Myopia	15/200	15/200	20/70	20/70
"	64	Cataracts	F.C. 1ft.	L.P.	20/200	L.P.
"	20	Juvenile Cataracts	4/200	7/200	20/70	20/50
"	51	Presbyopia-Astigmatism	20/200	20/200	20/30	20/30
"	58	Cataracts	20/100	Nil	20/70	Nil
"	51	Presbyopia-Hyperopia	20/200	20/100	20/20	20/20
"	58	Presbyopia-Hyperopia	20/200	20/100	20/20	20/20
"	61	Presbyopia-Hyperopia	20/100	20/100	20/30	20/20
"	58	Presbyopia-Retinitis	20/200	20/400	20/70	20/400
"	90	Cataracts	20/200	L.P.	20/60	L.P.
"	71	Cataracts	20/200	Nil	20/20	Nil
"	46	Congenital Cataracts	20/200	20/400	20/60	20/60
"	10	Hyperopia	20/100	20/100	20/20	20/20
"	17	Myopia	20/100	20/100	20/20	20/20
"	13	Malignant Myopia	10/200	15/200	20/70	20/70
"	11	Hyperopia	20/100	20/100	20/20	20/20
"	11	Myopia	20/100	20/100	20/20	20/20
Moore	16	Keratitis-Choroiditis	20/100	20/100	20/50	20/30
"	10	Buphthalmus	20/200	20/200	20/60	20/60
"	11	Strabismus	20/200	20/100	20/200	20/20
Nash	78	Cataracts	20/200	20/200	20/30	20/30
"	12	Hyperopia	20/100	20/100	20/25	20/20
"	77	Cataracts-Myopia	20/100	20/100	20/40	20/40
"	15	Myopic Astigmatism	20/100	20/100	20/20	20/20

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Nash.....	11	Comp. Hyperopia-Astigmatism.....	20/100	20/100	20/50	20/50
".....	65	Aphakia.....	H.M.	C.F. 2ft.	H.M.	20/70
New Hanover						
Northampton.....	70	Galucoma-Macular Degen.....	2/200	5/200	2/200	20/60
".....	9	Malignant Myopia.....	20/800	20/800	20/50	20/50
".....	14	Hyperopia-Strabismus.....	20/200	20/200	20/40	20/100
".....	6	Myopic Astigmatism.....	20/200	20/200	20/30	20/20
".....	56	Hyperopia.....	20/100	20/100	20/30	20/20
Onslow.....	10	Hyperopia.....	20/100	20/100	20/30	20/30
".....	13	Hyperopia-Corneal ulcer.....	20/100	20/100	20/40	20/50
".....	10	Hyperopia-Astigmatism.....	20/100	20/100	20/50	20/50
".....	10	Hyperopia.....	20/100	20/100	20/40	20/20
".....	15	Hyperopia.....	Nil	20/100	Nil	20/40
".....	11	Hyperopia.....	20/100	20/100	20/70	20/70
".....	10	Hyperopia.....	20/100	20/100	20/100	20/70
".....	14	Hyperopia-Astigmatism.....	20/100	20/200	20/20	20/30
Orange.....	9	Hyperopia-Astigmatism.....	20/100	20/100	20/20	20/20
".....	50	Keratitis.....	20/200	20/200	20/20	20/100
Pamlico.....	76	Cataracts.....	20/600	Nil	20/50	Nil
".....	67	Cataracts.....	20/200	L.P.	20/200	20/20
".....	9	Conjunctivitis.....	20/200	20/200	20/25	20/25
".....	14	Hyperopia-Astigmatism.....	20/100	20/100	20/25	20/25
".....	76	Cataracts.....	F.C. 8ft.	F.C. 8ft.	20/50	F.C. 8ft.
".....	67	Cataracts.....	8/200	8/200	8/200	20/20
Pasquotank.....	16	Mixed Astigmatism.....	Nil	20/200	Nil	20/50
Pender.....	10	Hyperopia-Squint.....	20/100	20/100	20/100	20/70
".....	12	Hyperopia.....	20/100	20/100	20/70	20/70
".....	15	Hyperopia.....	20/100	20/100	20/70	20/70
Perquimans.....	70	Myopia-Retinitis.....	20/200	20/200	20/50	20/50
Person.....	6	Hyper.-Amblyopia-Squint.....	20/200	20/200	20/100	20/30
Pitt.....	68	Astigmatism.....	20/400	20/200	20/30	20/20
".....	69	Myopia.....	20/400	20/400	20/40	20/40
".....	41	Cataracts-Aphakia.....	L.P.	L.P.	20/30	L.P.
".....	68	Hyper.-Astig.-Presbyopia.....	20/400	20/400	20/25	20/20
".....	58	Hyperopia.....	15/200	15/200	20/20	20/20
".....	43	Hyperopia-Presbyopia.....	10/200	10/200	20/40	20/40
".....	76	Cataracts.....	F.C. 3ft.	F.C. 3ft.	20/40	20/50
".....	73	Hyperopia.....	20/400	20/400	20/25	20/30
".....	81	Cataracts-Arteriosclerosis.....	20/100	Nil	20/70	Nil
".....	53	Presbyopia-Myopia.....	20/200	20/200	20/40	20/40
".....	12	Hyperopia.....	20/100	20/100	20/30	20/30
".....	12	Myopia.....	20/100	20/100	20/20	20/20
".....	11	Malignant Myopia.....	20/200	20/200	20/60	20/60
".....	10	Myopic Astigmatism.....	20/100	20/200	20/40	20/50
".....	61	Macular Degeneration.....	F.C.	20/200	F.C.	20/20
".....	16	Comp. Myopic Astigmatism.....	F.C. 9ft.	F.C. 9ft.	20/50	20/50
".....	35	Progressive Myopia.....	8/200	15/200	20/50	20/20
".....	39	High Myopia.....	10/400	10/400	20/50	20/50
".....	63	Hyperopia.....	20/80	20/400	20/20	20/20
".....	88	Hyperopia.....	20/400	20/400	20/400	20/70
Polk.....	67	Amblyopia.....	20/100	20/100	20/40	20/40
".....	65	Cataracts.....	L.P.	F.C. 1ft.	L.P.	20/25
".....	67	Mature Cataracts.....	Nil	20/100	Nil	20/30
".....	11	Progressive Myopia.....	20/200	20/200	20/30	20/30
".....	13	Progressive Myopia.....	20/200	20/200	20/70	20/100
Randolph						

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Richmond	59	Hyperopia	20/200	20/200	20/40	20/40
"	71	Opacities	20/200	20/200	20/50	20/50
"	49	Cataracts	F.C. 2ft.	F.C. 2ft.	20/25	20/25
"	8	Myopia	20/100	20/100	20/20	20/20
"	16	Myopia	20/100	20/100	20/20	20/20
"	74	Cataracts	20/100	20/100	20/30	20/20
"	60	Myopia-Optic Atrophy	20/200	20/200	10/200	20/40
"	15	Hyperopia	20/100	20/100	20/20	20/20
"	10	Myopia	20/100	20/100	20/20	20/20
"	20	Myopia	20/200	20/200	20/50	20/40
"	11	Hyperopia	20/200	20/200	20/20	20/20
"	78	Myopia-Presbyopia	20/200	Nil	20/60	Nil
"	70	Cataracts	20/200	20/400	20/40	20/40
"	72	Cataracts	20/400	20/400	20/30	20/25
"	8	Hyperopia	20/200	20/200	20/20	20/20
"	12	Hyperopia	20/200	20/200	20/70	20/40
"	69	Hyperopia	20/100	20/160	20/40	20/40
"	59	Hyperopia	20/100	20/100	20/25	20/20
Robeson	14	Myopic Astigmatism	20/400	20/400	20/40	20/40
"	77	Presbyopia-Hyperopia	20/400	20/400	20/40	20/40
"	14	Hyperopia	20/400	20/400	20/50	20/50
"	8	Hyperopia-Squint	5/200	20/200	5/200	20/25
"	66	Presbyopia-Myopia	20/300	20/300	20/40	20/40
"	70	Opacities	20/400	Nil	20/40	Nil
"	12	Hyperopia	20/100	20/100	20/20	20/20
"	13	Myopia	12/200	15/200	20/40	20/40
"	46	Immature Cataracts	20/200	20/200	20/40	20/40
"	13	Hyperopia	20/100	20/100	20/60	20/50
"	66	Astigmatism	20/300	20/300	20/30	20/30
"	73	Presbyopia-Hyperopia	20/200	20/200	20/20	20/20
"	65	Hyperopia-Presbyopia	20/200	20/400	20/20	20/20
"	64	Presbyopia-Myopia	20/200	20/200	20/40	20/40
"	52	Hyperopia-Presbyopia	10/200	10/200	20/20	20/20
"	25	Cataracts	F.C. 5ft.	20/200	20/25	20/40
"	34	Myopic Astig.-Coloboma	20/100	F.C. 10ft.	20/30	F.C. 10ft.
"	64	Presbyopia-Hyperopia	20/100	20/100	20/20	20/20
Rockingham						
Rowan	71	Cataracts	20/200	20/200	20/200	20/20
"	65	Cataracts	L.P.	20/200	20/70	20/200
"	69	Cataracts	Nil	F.C. 2ft.	Nil	20/30
"	73	Cataracts	L.P.	L.P.	20/50	20/70
"	69	Pterygium-Cataracts	L.P.	20/100	L.P.	20/50
"	65	Presbyopia-Myopia	20/200	20/200	20/25	20/25
"	63	Retinitis-Cataracts	20/200	Nil	20/50	Nil
"	84	Cataracts-Phthisis Bulbi	20/100	Nil	20/50	Nil
"	13	Hyperopia-Astigmatism	20/100	20/100	20/20	20/20
"	40	Hyperopia	20/100	20/100	20/40	20/40
Rutherford	67	Hyperopia-Presbyopia	20/100	20/100	20/30	20/30
"	19	Myopic-Astigmatism	20/200	20/200	20/20	20/20
"	13	Myopia	20/100	20/100	20/40	20/20
"	52	Cataracts-Trochoma	Nil	20/100	Nil	20/50
"	10	Hyper-Mild Amblyopia	4/100	20/200	20/30	20/40
"	11	Progressive Myopia	20/200	F.C. 3ft.	20/25	20/25
"	11	Myopia-Amblyopia	20/100	20/100	20/40	20/100
"	8	Hyperopic Astig.	20/200	20/200	20/50	20/50
"	14	Myopia	20/100	20/100	20/25	20/25

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Rutherford	12	Convergent Squint	20/200	20/200	20/20	20/20
"	13	Myopia	20/100	20/100	20/20	20/20
"	65	Cataract-Pterygium	20/200	20/200	20/200	20/30
"	63	Presbyopia-Hyperopia	20/100	20/100	20/30	20/30
"	72	Aphakia	F.C. 3ft.	L.P.	20/40	L.P.
"	60	Presbyopia-Hyperopia	20/100	20/100	20/20	20/20
"	58	Cataracts	L.P.	L.P.	L.P.	20/30
"	66	Cataracts	F.C. 3ft.	20/200	F.C. 3ft.	20/30
"	51	Presbyopia-Astigmatism	20/100	20/100	20/20	20/20
"	17	Myopia	20/200	20/200	20/30	20/30
"	67	Presbyopia-Astigmatism	20/100	20/100	20/20	20/20
"	18	Severe Myopia	20/200	20/200	20/30	20/30
Sampson	73	Cataracts-Aphakia	20/100	L.P.	20/60	L.P.
"	62	Cataracts	H.M.	20/200	F.C. 2ft.	20/40
"	53	Presbyopia-Myopia	20/300	20/300	20/25	20/25
"	60	Presbyopia-Myopia	20/400	20/400	20/20	20/20
"	75	Cataracts	20/200	20/200	20/70	20/80
"	58	Presbyopia-Astigmatism	20/200	20/400	20/25	20/20
"	68	Cataracts	L.P.	L.P.	L.P.	20/60
"	9	Astigmatism-Hyperopia	20/100	20/200	20/50	20/200
"	11	Hyperopia	20/100	20/100	20/50	20/30
"	14	Hyperopia	20/200	20/200	20/30	20/30
"	8	Myopia	20/200	20/200	20/100	20/70
"	65	Cataracts	F.C. 5ft.	F.C. 5ft.	20/30	20/30
Scotland	30	Comp. Hyperopia Astig.	Nil	20/200	Nil	20/30
"	34	Incipient Cataracts	H.M.	20/200	20/200	20/20
"	17	Myopia	20/100	20/100	20/20	20/20
"	14	Myopia	20/200	20/200	20/30	20/20
"	16	Myopia	20/100	20/100	20/50	20/40
"	12	Hyperopia-Astigmatism	20/200	20/100	20/30	20/70
"	12	Hyperopia-Astigmatism	20/200	20/200	20/50	20/50
"	8	Hyperopia	8/200	20/200	20/50	20/50
"	13	Hyperopia	20/100	20/100	20/30	20/30
"	32	Opacities-Astig.-Retinal Deg.	13/200	8/200	20/40	8/200
"	30	Hyperopia-Astigmatism	Out	20/200	Out	20/30
"	70	Cataracts	F.C. 3ft.	20/100	3/200	20/30
"	11	Astigmatism	20/200	20/200	20/70	20/70
"	11	Hyperopia-Astigmatism	20/100	20/200	20/70	20/50
"	16	Hyperopia	20/100	20/100	20/40	20/40
"	63	Presbyopia-Hyperopia	12/100	10/100	20/70	20/50
"	11	Hyper.-Astig.-Amblyopia	20/100	20/100	20/70	20/70
"	34	Old Iritis	F.C. 3ft.	20/200	20/200	20/50
"	37	Old Iritis	L.P. & M.	20/200	20/200	20/70
Stanly	80	Cataracts	20/400	20/400	20/50	20/50
Stokes	38	Incipient	F.C. 1ft.	20/200	F.C. 1ft.	20/30
"	16	Mixed Astigmatism	20/100	20/100	20/50	20/50
"	14	Myopia-Amblyopia	20/200	20/200	20/40	20/40
"	12	Hyperopia-Astigmatism	20/100	20/100	20/70	20/70
"	64	Hyperopia-Presbyopia	20/100	20/100	20/30	20/30
"	20	Astigmatism	20/100	20/100	20/40	20/40
"	12	Hyperopia-Astigmatism	20/100	20/100	20/60	20/60
Surry	12	Juvenile Cataracts	20/100	20/100	20/70	20/70
"	8	Hyperopia	20/100	20/100	20/20	20/20
"	15	Mixed Astigmatism	20/200	20/200	20/30	20/30
"	12	Myopia-Astigmatism	20/100	20/100	20/20	20/20
"	73	Strabismus-Presbyopia	20/200	20/200	20/70	20/20

Country	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Surry	69	Aphakia.....	F.C. 3ft.	H.M.	20/30	H.M.
"	47	Astigmatism-Amblyopia.....	20/200	20/200	20/100	20/70
"	9	Progressive Myopia.....	20/100	20/100	20/20	20/20
"	71	Cataracts.....	20/400	20/400	20/60	20/60
Swain	11	Myopia-Astigmatism.....	20/100	20/100	20/20	20/20
"	35	Myopia-Astigmatism.....	8/200	10/200	20/25	20/25
"	30	Myopia-Astigmatism.....	20/100	20/100	20/20	20/20
"	62	Hyperopia-Presbyopia.....	20/100	20/100	20/30	20/30
"	61	Hyperopia-Presbyopia.....	20/200	20/200	20/30	20/30
"	22	Mixed Astigmatism.....	20/100	20/100	20/20	20/20
"	69	Hyper.-Astig.-Presbyopia.....	20/100	20/200	20/30	20/40
"	16	Presbyopia-Myopia.....	10/200	8/200	20/20	20/20
"	7	Hyperopia-Squint.....	20/200	20/100	20/200	20/30
Transylvania						
Tyrrell						
Union	75	Cataracts.....	F.C. 4ft.	F.C. 2ft.	20/70	20/30
"	57	Presbyopia-Myopia.....	20/200	20/200	20/40	20/30
"	11	Hyperopia.....	20/200	20/100	20/30	20/20
"	10	Astigmatism.....	20/200	20/200	20/30	20/30
"	53	Presbyopia-Astigmatism.....	20/200	20/200	20/30	20/30
"	12	Hyperopia.....	20/100	20/100	20/30	20/30
"	72	Cataracts.....	20/200	Nil	20/30	Nil
"	13	Astigmatism.....	20/200	20/200	20/40	20/40
"	13	Hyperopia-Astigmatism.....	20/100	20/200	20/30	20/50
"	52	Conjunctivitis-Pterygium.....	20/200	20/200	20/30	20/30
"	26	Myopia.....	20/200	20/200	20/50	20/40
"	72	Cataracts.....	F.C. 2ft.	L.P.	20/30	20/25
"	70	Cataracts.....	L.P.	20/200	L.P.	20/20
"	22	Myopia.....	20/100	20/100	20/30	20/30
"	6	Nystagmus.....	20/200	20/200	20/25	20/25
"	78	Presbyopia-Hyperopia.....	20/100	20/100	20/40	20/40
"	11	Hyperopia-Astigmatism.....	20/200	20/200	20/40	20/50
"	18	Myopia.....	20/200	20/200	20/30	20/30
"	19	Hyperopia.....	20/200	20/200	20/50	20/50
"	16	Hyperopia-Astigmatism.....	20/200	20/200	20/30	20/30
"	72	Cataract.....	F.C.	F.C.	20/30	20/25
Vance	9	Myopia.....	20/400	20/400	20/70	20/70
"	64	Cataracts.....	Nil	20/200	Nil	20/20
"	76	Presbyopia-Hyperopia.....	20/200	20/500	20/20	20/40
Wake	20	Hyperopia.....	20/100	20/100	20/40	20/40
"	58	Hyperopia-Presbyopia.....	20/100	20/100	20/70	20/70
"	72	Cataracts.....	F.C. 3ft.	L.P.	20/40	L.P.
"	50	Presbyopia-Astigmatism.....	20/100	20/100	20/40	20/40
"	60	Hyperopia-Presbyopia.....	10/200	10/200	20/50	20/50
"	46	Hyperopia-Presbyopia.....	20/200	20/200	20/20	20/20
"	11	Myopia-Astigmatism.....	20/100	20/200	20/30	20/40
"	34	Myopia-Astigmatism.....	20/200	20/200	20/70	20/70
"	80	Myopia-Presbyopia.....	20/200	20/200	20/70	20/70
"	8	High Myopia.....	20/200	20/200	20/30	20/30
"	10	Astigmatism.....	20/200	20/100	20/20	20/20
"	17	Myopia.....	20/200	20/200	20/20	20/20
"	10	Myopia.....	20/200	20/200	20/20	20/20
"	52	Presbyopia-Myopia.....	20/200	20/200	20/50	20/50
"	10	High Myopia.....	20/200	20/200	20/20	20/20
"	34	Myopia-Astigmatism.....	20/100	20/100	20/50	20/50
"	17	Myopia.....	20/200	20/200	20/20	20/20

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Wake	12	Hyperopia	20/100	20/100	20/20	20/20
"	67	Cataracts-Presbyopia	20/100	20/100	20/50	20/50
"	18	Hyperopia	20/100	20/100	20/20	20/20
"	61	Cataracts-Astigmatism	F.C. 2ft.	F.C. 1ft.	20/70	20/70
"	31	Hyperopia	20/100	20/100	20/50	20/50
"	29	Myopia-Astigmatism	F.C. 1ft.	F.C. 1ft.	20/70	20/70
"	11	Myopia	20/200	20/200	20/20	20/20
"	15	Myopia-Astigmatism	20/100	20/100	20/30	20/30
"	50	Presbyopia-Myopia	5/200	8/200	20/40	20/40
"	69	Presbyopia-Arteriosclerosis	10/200	12/200	20/40	20/40
"	73	Cataracts	F.C. 2ft.	F.C. 1ft.	20/30	F.C. 1ft.
"	11	Myopia	15/200	15/200	20/40	20/40
"	76	Cataracts	10/200	20/100	10/200	20/50
"	65	Cataracts	Nil	20/200	Nil	20/50
"	16	Myopia	20/100	20/100	20/40	20/40
"	12	Myopia-Astigmatism	20/100	20/100	20/30	20/30
"	14	Myopia	20/200	20/200	20/20	20/20
"	17	Comp. Myopia-Astigmatism	20/200	20/200	20/40	20/40
"	8	Myopia-Astigmatism	20/100	20/100	20/40	20/40
"	64	Comp. Presby.-Astig.-Myopia	20/200	20/200	20/20	20/20
"	13	Strabismus	20/200	20/200	20/30	20/30
"	68	Myopia-Presbyopia	5/200	20/200	20/40	20/40
"	46	Presbyopia-Myopia	12/200	12/200	20/30	20/30
"	57	Hyperopia-Presbyopia	7/200	20/200	20/20	20/20
"	58	Presbyopia	20/100	20/100	20/20	20/20
"	10	High Myopia	F.C. 10ft.	F.C. 10ft.	F.C. 10ft.	20/70
"	18	Myopia	F.C. 4ft.	F.C. 4ft.	20/100	20/70
"	44	Presbyopia-Hyperopia	10/200	8/200	20/20	20/20
"	75	Cataracts	20/200	20/200	20/50	20/50
"	57	Astigmatism-Presbyopia	5/200	7/200	20/40	20/30
"	54	Presbyopia-Myopia	20/200	20/100	20/20	20/20
"	56	Presbyopia-Astigmatism	20/100	20/100	20/70	20/70
"	14	Hyperopia	20/100	20/100	20/40	20/20
"	17	Hyperopia	20/200	20/100	20/40	20/20
"	74	Myopia-Presbyopia	20/100	20/100	20/70	20/70
"	84	Presbyopia-Myopia	20/200	20/200	20/40	20/50
"	11	Squint	20/100	20/100	20/40	20/100
"	36	Myopia-Astigmatism	10/200	20/200	20/40	20/40
"	11	Myopia-Nystagmus	20/200	20/100	20/40	20/30
"	82	Cataracts	F.C. 10ft.	F.C. 3ft.	20/30	20/30
"	21	Hyperopia	20/200	20/100	20/20	20/20
"	78	Cataracts	F.C. 4ft.	F.C. 4ft.	20/50	F.C. 4ft.
"	23	Myopia	20/200	20/200	20/50	20/50
"	36	Hyperopia	20/100	20/100	20/20	20/20
"	67	Hyperopia	20/100	L.P.	20/40	L.P.
"	45	Presbyopia-Hyperopia	20/100	20/100	20/30	20/30
"	12	Myopia Astigmatism	20/200	20/200	20/40	20/40
"	35	Hyperopia	20/200	20/200	20/50	20/50
"	15	Myopia	20/100	20/100	20/20	20/20
"	17	Myopia	18/200	20/200	20/50	20/20
"	68	Cataract	20/100	Blind	20/30	Blind
"	79	Myopia	20/100	20/200	20/40	20/200
"	61	Myopia-Presbyopia	3/200	8/200	20/200	20/40
Warren	68	Astigmatism	20/100	Nil	20/40	Nil
"	71	Cataracts	Nil	20/200	Nil	20/40

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Washington	11	Hyperopia	20/100	20/100	20/20	20/20
"	76	Presbyopia-Myopia	20/200	20/100	20/20	20/20
"	10	Astigmatism	20/100	20/100	20/30	20/50
Watauga	33	Severe Astigmatism	20/100	6/100	20/30	20/50
"	42	Mixed Astigmatism	20/100	20/200	20/20	20/20
"	18	Astigmatism	20/200	20/200	20/50	20/50
"	9	Congenital Cataracts	F.C. 8ft.	20/200	20/40	20/40
"	11	Mixed Astigmatism	20/100	20/100	20/50	20/50
"	14	Hyperopic Astigmatism	20/200	20/200	20/40	20/40
"	12	Astigmatism-Squint	Nil	5/200	Nil	20/20
"	16	Myopia-Astigmatism	18/200	15/200	20/20	20/20
"	14	Myopia	20/200	15/200	20/20	20/25
"	11	Hyperopia	20/200	20/200	20/70	20/70
"	65	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	17	Myopia	8/200	8/200	20/25	20/25
"	15	Hyperopia	20/100	20/100	20/70	20/100
"	13	Hyperopia	20/100	20/100	20/20	20/100
"	15	Hyperopia	20/100	20/200	20/70	20/30
"	76	Cataracts	2/200	2/200	20/70	20/200
"	10	Myopia	3/200	2/200	20/70	20/70
"	55	Pterygium-Presbyopia	20/100	20/100	20/30	20/50
"	65	Cataracts	L.P.	L.P.	20/100	20/70
Wayne	44	Cataracts	20/400	20/400	20/50	20/200
"	63	Secondary Glaucoma	H.M.	Nil	20/70	Nil
"	74	Cataracts	20/200	20/200	20/40	20/40
"	76	Error of Refrac. Ret. Degen.	20/100	20/100	20/40	20/20
"	62	Cataracts	F.C. 4ft.	H.M.	20/50	H.M.
Wilkes	17	Myopia	20/100	F.C. 10ft.	20/30	20/200
"	12	Myopia	20/400	20/400	20/40	20/40
"	13	Astigmatism-Squint	20/300	F.C. 6ft.	20/40	F.C. 6ft.
"	49	Presbyopia-Astigmatism	20/100	20/100	20/50	20/100
"	45	Hyperopia-Presbyopia	20/200	20/200	20/30	20/30
"	55	Presbyopia-Hyperopia	20/200	20/200	20/30	20/20
"	14	Myopia-Astigmatism	20/200	20/200	20/50	20/50
"	78	Presbyopia-Hyperopia	F.C. 1ft.	F.C. 1ft.	20/50	20/50
"	11	Comp. Myopic Astigmatism	5/400	5/400	20/60	20/60
"	13	Myopia	20/200	20/200	20/20	20/20
"	63	Presbyopia-Myopia	20/100	20/100	20/40	20/40
"	81	Presbyopia-Myopia	F.C. 15ft.	F.C. 15ft.	20/30	20/40
"	60	Myopia-Presbyopia	F.C. 10ft.	F.C. 10ft.	20/50	20/50
"	33	Myopia-Astigmatism	20/100	20/100	20/30	20/30
"	76	Cataracts	F.C. 15ft.	F.C. 15ft.	20/50	20/50
"	64	Presbyopia-Myopia	20/100	20/100	20/20	20/20
"	40	Myopia	F.C. 4ft.	F.C. 3ft.	F.C. 8ft.	20/60
"	30	Corneal Scar-Astig.	20/100	20/400	20/25	20/100
"	45	Presbyopia-Hyperopia	20/100	20/100	20/20	20/20
"	73	Myopia-Presbyopia	F.C. 3ft.	F.C. 3ft.	20/200	20/50
"	39	Retinitis Pigmentosis-Astig.	20/200	20/200	20/200	20/70
"	55	Presbyopia-Myopia	20/200	20/200	20/20	20/20
"	72	Hyperopia-Presbyopia	20/400	20/400	20/30	20/30
Wilson	70	Cataracts	20/400	L.P.	20/30	L.P.
"	21	Cataracts	20/200	F.C. 5ft.	20/70	F.C. 5ft.
"	40	Congenital Cataracts	L.P.	L.P.	20/50	L.P.
"	83	Cataracts	20/100	F.C. 2ft.	20/40	F.C. 2ft.
"	70	Cataracts	20/400	L.P.	20/30	L.P.
"	60	Presbyopia-Myopia	20/100	20/100	20/20	20/20

BIENNIAL REPORT OF THE

COUNTY	Age	Diagnosis	Vision Before Medical Care Given		Vision After Medical Care Given	
			Right Eye	Left Eye	Right Eye	Left Eye
Wilson	67	Presbyopia-Myopia	10/200	10/200	20/30	20/30
"	46	Corneal Ulcer	20/100	Nil	20/70	Nil
"	74	Cataracts	F.C. 2ft.	20/200	20/50	20/200
"	66	Cataracts	20/200	F.C. 3ft.	20/200	20/50
Yadkin	82	Vitreous Opacities	L.P.	20/200	L.P.	20/50
"	74	Presbyopia-Myopia	20/200	20/200	20/30	20/30
"	75	Cataracts	20/200	L.P.	20/70	L.P.
"	51	Presbyopia-Myopia	20/100	20/100	20/20	20/20
"	78	Cataracts	20/200	20/200	20/40	20/100
"	50	Astigmatism-Presbyopia	20/200	20/100	20/50	20/30
"	12	Myopia	20/200	20/200	20/50	20/40
"	9	Hyperopia	20/100	20/200	20/70	20/70
"	10	Hyperopia-Astigmatism	20/200	20/200	20/50	20/50
"	11	Hyperopia-Astigmatism	20/200	20/200	20/70	20/70
"	10	Astigmatism-Squint	20/100	20/100	20/70	20/70
Yancey	48	Cataracts	20/100	L.P.	20/25	20/40
"	57	Cataracts	L.P.	L.P.	20/40	20/40
"	48	Cataracts	F.C. 1ft.	F.C. 1ft.	F.C. 1ft.	20/25

APPENDIX II

Data on the 14,300 indigent persons examined by Ophthalmologists during the past biennium.

APPENDIX III

Data by geographical regions and counties concerning the
7,412 blind now registered with the Commission.

APPENDIX IV

Budgetary Expenditures of the Commission during the
Biennium.

EXPENDITURES FOR 1942-43 AND 1943-44

CHAPTER 53, PUBLIC LAWS OF 1935, CODE 326

Providing funds for conservation and restoration of sight, occupational rehabilitation and placement, special case work services, and miscellaneous services the blind.

*Purposes and or Objects		Expenditures for 1942-43	Expenditures for 1943-44
I. ADMINISTRATION			
101	Salary, Executive Secretary	\$ 3,000.00	\$ 3,080.00
102	Salaries and Wages	2,936.67	3,215.00
103	Expense of Commission	325.59	323.25
104	Supplies and Materials	33.81	34.43
105	Postage, Telephone and Telegraph	599.69	600.00
106	Travel Expense	549.94	633.44
107	Printing and Binding	560.77	244.43
108	General Expense	29.42	30.00
109	Insurance and Bonding	13.75	13.75
110	Equipment	654.55	93.12
Total		\$ 8,704.19	\$ 8,267.42
II. DIRECT AID TO NEEDY BLIND, RESTORATION AND CONSERVATION OF VISION			
201	Salaries and Wages	\$ 4,080.00	\$ 3,880.00
202	Supplies and Materials	39.75	39.97
203	Medical Supplies	15,121.10	15,905.90
204	Travel Expense	2,516.55	2,426.40
205	Printing and Binding	11.00	11.00
206	Examinations and Operations	16,577.80	21,662.84
Total		\$ 38,346.20	\$ 43,926.11
III. PLACEMENT SERVICE FOR THE BLIND			
301	Salaries and Wages	\$ 3,460.00	\$ 4,196.00
302	Supplies and Materials	34.88	33.60
303	Travel Expense	420.00	1,020.00
304	Equipment	56.48	87.18
Total		\$ 3,971.36	\$ 5,337.68
IV. DIRECT AID TO NEEDY BLIND, TRAINING AND EMPLOYMENT			
401	Salaries and Wages	\$ 7,560.00	\$ 7,360.00
402	Supplies and Materials	1,725.75	1,742.93
403	Travel Expense and Guide Service	2,919.85	3,800.00
404	Printing and Binding	14.85	8.19
405	Training Expense	15,238.47	9,555.09
406	Equipment	2,155.00	6,540.85
405	Trucks		536.52
Total		\$ 29,613.92	\$ 29,544.40
V. ADMINISTRATIVE SERVICE TO THE BLIND RECIPIENTS			
501	Salaries and Wages	\$ 21,315.00	\$ 2,520.00
502	Travel Expense	16,013.09	
503	Federal Administration to Counties	10,917.58	
Total		\$ 48,245.67	\$ 2,520.00
VI. EMPLOYEES' WAR BONUS			
601	War Bonus	\$ 3,042.00	\$ 3,354.00
Total		\$ 3,042.00	\$ 3,354.00
TOTAL REQUIREMENTS		\$131,923.34	\$ 92,949.61

* The items in this report follow the wording of the State Budget for 1943-44 to facilitate comparisons with 1942-43.

*Purposes and/or Objects	Expenditures for 1942-43	Expenditures for 1943-44
LESS: ESTIMATED RECEIPTS		
1. Vocational Rehabilitation.....	\$ 5,142.70	\$ 3,663.61
2. Federal Funds—Blind Aid.....	4,602.37	885.90
3. Miscellaneous.....	3,050.79	3,265.94
4. Federal Administration.....	33,332.77	7,582.76
5. Glasses.....	14,975.99	15,913.40
6. County Administration.....	16,256.35	-----
Total.....	\$ 77,360.97	\$ 31,311.61
Appropriation.....	\$ 54,562.37	\$ 61,638.00

CHAPTER 124, PUBLIC LAWS OF 1937, CODE 610

Providing payments and direct relief grants to needy blind.

I. ADMINISTRATION		
101 Salaries and Wages.....	\$ 10,540.00	\$ 9,647.21
102 Supplies and Materials.....	339.05	340.00
103 Postage, Telephone and Telegraph.....	600.00	600.00
104 Travel Expense.....	4,200.00	4,200.00
105 Printing and Binding.....	37.90	43.06
106 Repairs and Alterations.....	68.75	77.25
107 Insurance and Bonding.....	379.00	5.00
108 Equipment.....	-----	201.43
109 Medical Certification.....	-----	999.88
110 Expenses Advisory Med. Comm.....	199.01	-----
Total.....	\$ 16,363.71	\$ 16,113.83
II. PLACEMENT SERVICE FOR THE BLIND		
201 Travel Expense.....	\$ 380.00	\$ 362.49
Total.....	\$ 380.00	\$ 362.49
III. PAYMENTS TO NEEDY BLIND		
301 State.....	\$ 99,133.63	\$109,772.91
302 Federal.....	241,868.65	224,582.00
303 County.....	114,753.98	105,177.91
Total.....	\$455,756.26	\$439,532.82
IV. COUNTY EQUALIZATION FUND		
401 County Equalization Fund.....	-----	\$ 10,000.00
Total.....	-----	\$ 10,000.00
V. COUNTY ADMINISTRATION		
501 Salaries and Wages.....	-----	\$ 23,145.88
502 Travel Expense.....	-----	18,559.55
503 Federal Administration Direct to Counties.....	-----	10,634.00
Total.....	-----	\$ 52,339.43
VI. EMPLOYEES' WAR BONUS		
601 War Bonus.....	\$ 540.00	\$ 4,278.50
Total.....	\$ 540.00	\$ 4,278.50
TOTAL REQUIREMENTS.....	\$473,039.97	\$522,627.07
LESS: ESTIMATED RECEIPTS		
1. Federal Aid to the Blind.....	\$241,868.65	\$224,582.00
2. Federal Administration.....	6,145.16	42,992.42
3. County Aid to the Blind.....	114,753.98	124,302.65
4. Miscellaneous.....	2.50	1,650.00
Total.....	\$362,770.29	\$393,527.07
Appropriation.....	\$110,269.68	\$129,100.00

* The items in this report follow the wording of the State Budget for 1943-44 to facilitate comparisons with 1942-43.

PUBLIC LAW 113, 1943, VOCATIONAL REHABILITATION
FEDERAL CODE 2804

(Program began in North Carolina on March 1, 1944)

Purposes and/or Octsbje		March 1--June 30 1944
I. ADMINISTRATION		
101	Salaries of Personnel	\$ 1,043.54
102	Travel	255.40
103	Communication	450.00
104	Supplies	115.78
105	Office Maintenance	225.00
106	Office Equipment	332.57
107	Printing and Binding	57.50
108	Expense of Board Members of Bureau of Employment for Blind	107.26
109	Expenses of Adv. Medical Comm.	---
110	War Bonus	118.00
111	Retirement Fund	37.01
Total Administration		\$ 2,742.06
II. GUIDANCE AND SUPERVISION		
201	Salaries	\$ 3,970.00
202	Travel	2,007.11
203	Training	282.89
204	War Bonus	400.00
205	Retirement Fund	158.00
Total Guidance and Supervision		\$ 7,818.00
III. CASE SERVICES		
301	Training	\$ 5,050.00
302	Medical Examinations	16.00
303	Corrective Surgery and Therapeutic Treatment	31.00
304	Hospitalization	76.00
305	Transportation, Occupational Licenses, Tools, Equip- ment	4,551.18
306	Prosthetic Devices	9.61
307	Maintenance	6,021.10
Total Case Services		\$ 15,754.94
IV. CASE SERVICES FOR WAR DISABLED CIVILIANS		
401	Training	\$ -----
402	Medical Examinations	-----
403	Corrective Surgery and Therapeutic Treatment	-----
404	Hospitalization	-----
405	Transportation, Occupational Licenses, Tools and Equipment	-----
406	Prosthetic Devices	-----
407	Maintenance	-----
Total Case Services for War Disabled Civilians		-----
TOTAL REQUIREMENTS		\$ 26,315.00
LESS: ESTIMATED RECEIPTS		
1.	Federal Funds	\$ 28,224.50
Total		\$ 28,224.50
CREDIT BALANCE		\$ 1,909.50

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